BUCKINGHAMSHIRE

THE HEALTH OF THE COMMUNITY

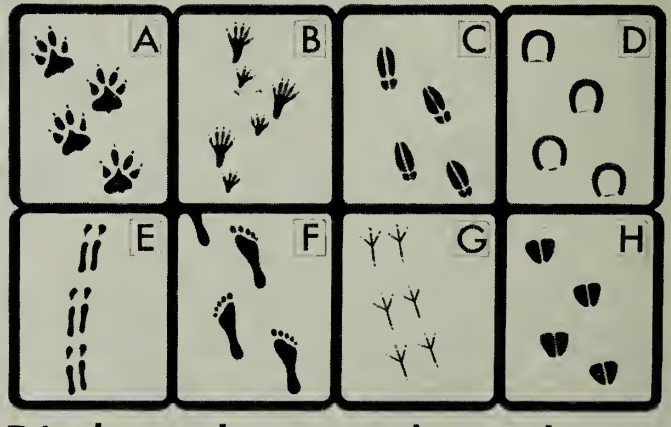
1972

DENTAL HEALTH EDUCATION

Elizabeth Gibbons, winner of the first prize in a dental poster competition

By courtesy of the Slough Observer

Study the pictures carefully and then match each shoe to the correct age in history from the list below.



Bird and animal tracks.

Pick out and list the matching picture, track and word from each of the three sections.

horse	deer	man	bird
cow	mouse	rabbit	dog

FOOT HEALTH EDUCATION

Two examples from the foot health teaching pack prepared by the chiropody and health education sections of the Buckinghamshire County Health Department

BUCKINGHAMSHIRE COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1972

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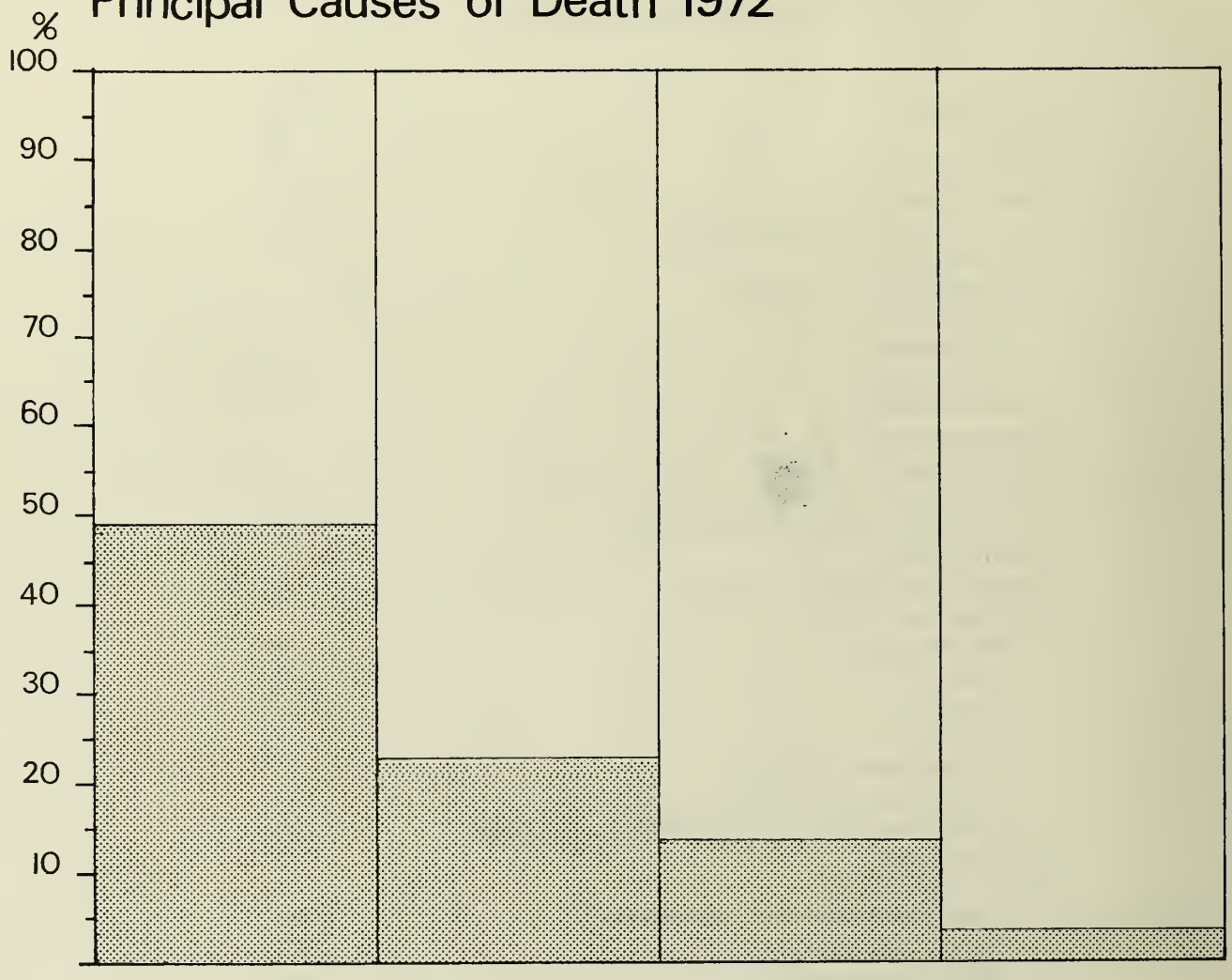
Principal Causes of Death 1972



CARDIOVASCULAR DISEASE	MALIGNANT DISEASE	RESPIRATORY DISEASE	ACCIDENTS (including motor vehicle accidents)
Total 2659	Total 1201	Total 737	Total 195
Percentage 49·1	Percentage 22·1	Percentage 13·6	Percentage 3·6

BUCKINGHAMSHIRE COUNTY COUNCIL

August 1973

To the Chairman and Members of Buckinghamshire County Council

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my first annual report, having assumed office as your County Medical Office of Health on 1st October 1972. I took over from my predecessor, Dr. J. J. A. Reid, during the year under review and this report therefore covers our joint tenure in office. The general pattern of the report is similar to that of previous years but as this is likely to be the last opportunity to submit such a detailed commentary on the health services for which the County Council is at present responsible, an attempt has been made to incorporate some additional details concerning the aims and recent development of these services. It is hoped that, in this way, the report will serve not only as a useful record for members of the Council but also as a guide for those who will shortly become members or officers of the Area Health Authority and assume responsibility for the provision of all health services in the new county.

Following reorganisation of the National Health Service in April 1974, the local health authority services to which this report refers will be integrated with the family practitioner and hospital services and become the responsibility of regional and area health authorities, outside local government. This will end an era in the development of public health services going back in Buckinghamshire to 1908 and the appointment of the first County Medical Officer of Health with the duty to "advise the Council on matters relating to the public health of the county." Since this initial appointment only five county medical officers have held office in Buckinghamshire, and the Council's record in the development of health services is an impressive one, always progressive and on many occasions leading the field. As the last in the present line of county medical officers I am especially appreciative of the contributions made by all my predecessors to this fine record and it is appropriate at this time to pay tribute to the work of Dr. Reid and to congratulate him on his appointment as Deputy Chief Medical Officer at the Department of Health and Social Security. During his tenure of office as your County Medical Officer of Health he endeavoured to ensure that the development of the local authority's health services in Buckinghamshire continued in a progressive manner and in close conjunction with the hospital and general practitioner services, thus providing an extremely sound foundation for the full development of an integrated health service in 1974. Dr. Reid will also be remembered in the county for his pioneer work in relation to the joint planning of health services for Milton Keynes, and he took with him to his new post the good wishes of all members of the staff of the health department.

Health of the community

The steady growth of population in the county continued, and the mid-year estimate of just under 600,000 represents an increase of 5,540. The birth rate fell to 15.7 per 1,000, a considerable reduction

from the previous year's figure of 16.9; the rate, however, is still well above that for England and Wales as the national figure also showed a similar decline. The most pleasing feature emerging from the statistics is undoubtedly the reduction in the infant mortality rate to 13 per 1,000 live births and in the perinatal mortality rate to 17 per 1,000 live and stillbirths. These figures are the lowest recorded in the county, having been equalled previously in 1969.

The total number of deaths in the county from all causes during 1972 was 5,444, giving a crude death rate of nine per 1,000, considerably below the rate of 12.1 per 1,000 recorded for England and Wales. The main causes of death are, however, in line with the national pattern and are illustrated in the histogram on page 2. Accidents, particularly in homes and on roads, accounted for 195 deaths or 3.6 per cent of the total deaths in the county during 1972. There were 737 (13.6 per cent) deaths from respiratory disease, 88 per cent of which were due to bronchitis and pneumonia. The second largest group of deaths, numbering 1,201 (22.2 per cent) was attributable to cancer, including 345 cases of lung cancer. Finally, there is a large group of diseases of the heart and blood vessels accounting for approximately half the total deaths in the county, 2,659 (49.1 per cent), and in the nation.

These figures illustrate clearly the nature and extent of some of the health problems which confront us. Today's major diseases are the result of a variety of factors, many of which are associated with our present pattern of life. The greatest challenge for health education and all those interested in the prevention of disease is to acquaint people with these facts in such a way that they are motivated to avoid the known dangers in order to enjoy healthier, happier and longer lives.

Development of services

Detailed information concerning individual services is contained in the body of the report, but I would like to draw the reader's attention to, and comment on, a number of developments which have taken place during the year.

The gestation period for health centres varies according to many circumstances. They are more complex buildings than may at first be apparent with the needs of a variety of users to be considered so that to gain the necessary expertise and set up a comprehensive development programme, inevitably takes some time. The Council's health centre programme began to reach fruition during the year when four new centres were opened and a number of others started. It will be extremely unfortunate if, as seems possible, the planned development of health centres is held back at this stage owing to loan sanctions from the Department of Health and Social Security being curtailed because of limited financial resources.

Considerable success has been achieved by the nursing services during the year, particularly with recruitment of staff. The implementation of the Mayston management structure was also completed, and this has helped to ensure the full development of the nursing contribution to primary care teams in the community and has also allowed closer liaison with the hospital services in the county.

The five-year replacement programme for ambulance vehicles is now almost complete and this, together with the comprehensive training programme for personnel, should ensure that the county is provided with a high standard of service. The first phase of the move towards a central ambulance control is at present being implemented and it is hoped that it will be possible to complete the second phase during 1974.

Towards the end of the year the Council reviewed their arrangements for the provision of family planning services and decided that, in 1973, a directly run service should be provided. It was also

agreed that the service should include free advice available to all and free supplies to those requiring them on medical grounds. These decisions have now been implemented.

The vaccination and immunisation programme has provided an increasing level of protection for the child population in the county since its transfer to a computer-based scheme in 1968, and this success has also been reflected in the low incidence of infectious diseases in the community. In particular, the number of notifications of measles has fallen considerably since the introduction of vaccination against this disease.

Finally the department's research activities are of particular interest and importance. The projects are mainly of an operational nature and cover a wide range of health topics; they provide extremely valuable information both on the need for services and on the way in which some of them are functioning. This type of work is essential if the best use is to be made of resources, which in terms of manpower and finance will always be limited, to meet the increasing demand for health services.

Milton Keynes

The objectives and framework for health service planning in Milton Keynes have been referred to in detail in previous annual reports. During 1972, in spite of building and power strikes, Milton Keynes began to move from the initial detailed planning phase into a period of large-scale development. New inhabitants moved into the first housing estate at Galley Hill, Stony Stratford, and industry continued to find the area an attractive one for development.

Just as the city itself has moved from policy-making to implementation so too have health service plans. The first health centre at Water Eaton, Bletchley, which includes facilities for general practitioner dentists as well as for general medical and local authority services, opened in October. Construction of the large Stony Stratford health centre, which will incorporate x-ray, physiotherapy and hospital out-patient services in addition to local authority and family doctor services, commenced in June.

The implementation of comprehensive health planning in the still tripartite service has not been without its problems, usually in such matters as legal powers and financial responsibility, but the presence of goodwill on all sides and the existence of the Health Services Liaison Committee, representing the three branches of the service, has made it possible for most of these difficulties to be overcome.

Developments in the other branches of the health service include negotiations by the Executive Council to create the first new Milton Keynes general practitioner post at Woughton, the vacancy being advertised at the end of the year, and the expansion of several of the existing practices by taking on new partners. The Regional Hospital Board has appointed a number of new consultants in paediatrics, mental illness and rehabilitation. These appointments are based on hospitals in Aylesbury or Northampton but the consultants will take a special interest in Milton Keynes. Their presence in the area has made it possible for some of the working groups to review and consider the implementation of policies in these fields.

In addition to those members of staff who have special responsibilities for Milton Keynes, the work that has been going on has involved many other members of the department from time to time. This has added to their already heavy commitments and their willing support is greatly appreciated.

Reorganisation of the National Health Service

By a strange coincidence the National Health Service Reorganisation Bill received the Royal Assent on 5th July 1973, exactly 25 years from the day on which the National Health Service began to function in 1948. Considerable success has been achieved during the intervening period but, in recent years, it has become increasingly obvious that further major progress is limited by the present tripartite administrative structure. Administrative reorganisation to provide a unified service will therefore take place next April. The new proposals are open to some criticism, mainly because of the number of administrative tiers involved and the limited extent of public participation, but they will achieve the main and essential objective of providing a means whereby a synoptic view of all health services is taken at local level.

If the change to the new structure is to be smooth and successful much remains to be done during the coming months. A considerable amount of preparatory work has, however, already been undertaken by the Buckinghamshire Area Joint Liaison Committee of which I have been elected Chairman and which consists of officers from the Hospital Management Committees serving the county, the Executive Council and the local authority. Although there are still many problems to be overcome, it has become apparent from the work of the Joint Liaison Committee that these are not so great in Buckinghamshire as in many other areas. This is partly attributable to the fact that there is only one major change in the county boundary but it also reflects the situation mentioned earlier whereby a close working relationship has already developed between the Buckinghamshire Executive Council, the Royal Buckinghamshire and St. John's Hospital Management Committee, the High Wycombe and District Hospital Management Committee and the local health authority. This has tended to make the work of the Joint Liaison Committee much easier, and I feel makes the prospects for a satisfactory reorganisation of health service administration within Buckinghamshire extremely favourable.

One feature arising out of the proposed reorganisation has been the need to retrain or reorientate staff. The most senior members of the department have had the opportunity to attend one of a number of short integration courses arranged at the request of the Department of Health and Social Security at selected centres throughout the country. In order to meet the needs of other members of the administrative staff, a pilot scheme was started in conjunction with the other branches of the health service in the county to allow an interchange of staff. This proved to be particularly successful and it has become an established feature of the preparation for reorganisation in Buckinghamshire. An article describing the pilot scheme is attached as appendix A to this report.

Acknowledgments

I would like to thank the entire staff of the health department for their continued support during a comparatively difficult year. Many had to carry heavy load sand at the same time prepare themselves for change, and I am grateful to them for the way in which this was accomplished.

I am also appreciative of the kindness which has been shown to me by the Chairman and members of the County Coucil's committees which I have served during my short period in office. Continued team work has been even more necessary during the year under review with other departments of the

County Council, with the hospital and general practitioner services of the National Health Service, with central government departments and with a wide range of voluntary organisations, to all of which I extend my gratitude.

Finally, I would like to thank Mr. D. E. Small, who left the department earlier this year after 25 years' service, and Mr. F. W. Hedge who, between them, have undertaken much of the work in editing the individual contributions which make up the contents of this report.

I have the honour to be,

Your obedient servant,

I. G. YULE,

County Medical Officer of Health and Principal School Medical Officer

STAFF

(as at 31-12-72)

County Medical Officer of Health and Principal School Medical Officer:

I. G. Yule, M.B., Ch.B., F.F.C.M., D.C.H., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

K. J. Kimmance, M.B., B.S., M.F.C.M., D.P.H., D.Obst., R.C.O.G.

Principal Medical Officers:

Dulcie G. Gooding, M.B., B.S., M.F.C.M., D.P.H.
Patricia Herdman, M.B., B.S., M.F.C.M., D.P.H.
D. P. B. Miles, M.B., B.S., M.F.C.M., D.P.H.

Area Medical Officers and Divisional School Medical Officers:

M. A. Charrett, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Slough, Urban District of Eton and Rural District of Eton).

P. Lavis, M.B., Ch.B., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow).

A. J. Muir, M.B., Ch.B., B.Hy., D.P.H. (also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe).

A. W. Pringle, B.A., M.B., B.Ch., M.F.C.M., D.P.H. (also Medical Officer of Health, Borough of Aylesbury, Rural Districts of Aylesbury and Wing).

Deputy Divisional School Medical Officer:

B. H. Burne, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H. (also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham).

Senior Departmental Medical Officer:

G. F. Slocombe, M.B., B.S., D.P.H. (also Deputy District Medical Officer of Health).

Departmental Medical Officers:

Full-time:

Lilian F. C. Beattie, M.B., B.S.
J. M. Elliott, M.R.C.S., L.R.C.P., D.Obst. R.C.O.G.
Adrienne E. Evans, M.B., Ch.B., D.Obst. R.C.O.G., F.P.A.
A. V. Gillespie, M.B., B.Ch., D.P.H.
Erina M. Herrick, M.B., B.S.
Susan Hetherington, M.B., Ch.B., M.F.C.M., D.P.H. (also Deputy District Medical Officer of Health).
Christine M. Maxwell, M.B., B.Ch.
Mary I. McArthur, M.B., Ch.B., D.P.H.
Shelia McLaskey, M.B., Ch.B., D.C.H.
Audrey Myant, M.B., B.S., M.R.C.P., D.P.H. (also Deputy District Medical Officer of Health).
J. M. Reed, M.R.C.S., L.R.C.P.
Winifred J. Risk, M.B., Ch.B. (also Deputy District Medical Officer of Health).
R. L. Walmsley, M.A., L.M.S.S.A.

Part-time:

Elinor W. Adam, M.B., Ch.B.
Penelope J. Aeberhard, M.B., B.S.
Daphne M. Allen, M.B., Ch.B.
Elizabeth O. Aston, L.M.S.S.A.
Susan F. Barnes, M.B., B.Ch.
Anne D. T. Bishop, M.B., B.Ch., D.C.H.
Anne J. Butler, M.B., B.Ch.
C. D. Campbell, M.B., B.S., D.Obst. R.C.O.G.
Brenda M. Clarke, M.B., B.S.
Eleanor M. Clarke, M.B., B.Ch., D.Obst. R.C.O.G.
Davina C. Embleton, M.B., B.S., D.C.H., D.Obst. R.C.O.G.
Isabel M. Gardner, M.B., B.Ch.
Evelyn D. Hancock, M.B., Ch.B., D.C.H.
Wendy L. Jefferson, M.B., B.S., D.Obst. R.C.O.G.
P. J. Joy, M.B., B.S., D.A.
Rama Kavan, M.B., B.S., D.A., D.Obst., R.C.O.G.
Sylvia Kingsbury, M.B., B.S.
J. J. McMullan, M.D., B.Chir., M.R.C.G.P., D.I.H.
Ursula M. Murphy, M.B., Ch.B.
Helenor F. Pratt, M.B., Ch.B., D.C.H.
Marjorie Reid, M.B., Ch.B.
Daphne M. Scott, M.B., B.S., D.Obst. R.C.O.G.
Mary W. Scott-Clarke, M.B., Ch.B., D.P.H.
W. G. Shakespeare, M.B., B.Ch., D.C.H.
Mary Shephard, M.B., Ch.B.
J. M. Spence, M.B., B.S., D.Obst. R.C.O.G.
Elizabeth M. Spark, M.B., Ch.B.
Jessie A. R. Stansfield, M.B., Ch.B., D.P.H.
Evelyn E. Summers, M.A., M.B., Ch.B.
Josephine E. Tew, B.M., B.Ch., D.C.H.
Mary R. Venning, B.M., B.Ch., C.P.H.
P. F. Wood, M.B., B.Ch., M.R.C.G.P., D.Obst., R.C.O.G., D.C.H.

Consultant Psychiatrists:

C. E. Bagg, M.A., M.R.C.S., L.R.C.P., D.P.M.*
Elizabeth F. Browne, B.M., B.Ch., D.P.M.*
Mary K. M. Lindsay, M.B., B.Ch., D.C.H., D.P.M.*
I. Shribman, M.A., M.B., B.Ch., D.P.M.*
D. M. D. White, M.D., D.P.M.*
Vera A. Wilkinson, M.B., Ch.B., D.P.M.*

County Consultant—Diseases of Chest:

W. T. Bermingham, B.A., M.D., B.Ch.*

Consultant Physicians—Diseases of the Chest:

J. F. Hare, M.B., M.R.C.P.*
A. O. Robson, M.D., M.R.C.P.*
Daphne H. Line, M.B., M.R.C.P.*

Consultant Geriatricians:

H. Caplan, B.A., M.B., B.Chir., M.R.C.P.*
Lorna C. Davies, M.B., B.S., M.R.C.P., D.C.H.*
A. T. Sinniah, M.B., B.S., M.R.C.P.*

Ophthalmic Surgeons:

T. S. S. Gregory, M.B., B.Ch., F.R.C.S., D.O.M.S.*
R. C. Jack, M.B., B.Chir., F.R.C.S., D.O.M.S.*
J. Moss, M.B., Ch.B., D.O.*
Nora M. Oughton, M.B., Ch.B., D.O.*

*By arrangement with Regional Hospital Boards.

Chief Dental Officer:

C. H. Griffiths, L.D.S.

Orthodontist:

Audrey M. Blandford, L.D.S., D.Orth.

Area Dental Officers:

B. A. Berrill, L.D.S.
K. R. Dixon, L.D.S.
H. M. Mackintosh, L.D.S.
H. R. Rippon, L.D.S., D.D.P.H.

Dental Officers:

Full-time:

Wendy Bright, B.D.S.
R. J. E. Derwent, L.D.S.
Catherine P. Hurst, L.D.S.
C. W. R. Marston, L.D.S.
R. D. Rowe, L.D.S.
P. W. Sewell, L.D.S.

Part-time:

F. M. Armour, B.D.S.
Margaret R. Barrie, L.D.S.
Jennifer M. Finlayson, L.D.S.
Lise Levy, L.D.S.
Christine M. Negus B.D.S.
Joan W. Paul, L.D.S.
Elizabeth M. Prosser, B.D.S.
Helen A. Renner, B.D.S.

Dental Auxiliaries:

Miss S. J. Hebdon
Mrs. J. L. Le Good
Miss S. Stuart

Director of Nursing Services:

Miss E. P. E. Few, S.R.N., H.V.Cert., N.D.N.Cert., Queen's Nurse, R.C.N.Admin. Cert.(P.H.)

Divisional Nursing Officers:

Miss A. M. Borchard, S.R.N., S.C.M., M.T.D., H.V.Cert., Queen's Nurse.
Miss H. Thacker, S.R.N., H.V.Cert.

Area Nursing Officers:

Miss V. G. Chadwell, S.R.N., S.C.M., H.V. Cert., Queen's Nurse
Miss E. Hopkins, S.R.N., S.C.M., H.V.Cert., N.D.N.Cert.
Mrs. P. R. E. Jones, S.R.N., S.C.M., H.V. Cert., Queen's Nurse
Mrs. D. L. P. Marett, S.R.N., H.V. Cert., O.H.N. Cert.
Mrs. H. Sparks, S.R.N., S.C.M., H.V. Cert., Queen's Nurse
Mrs. E. E. C. Thomas, S.R.N., S.C.M., H.V. Cert.
Miss J. G. Wedgwood, S.R.N., S.C.M., H.V. Cert., Queen's Nurse

County Health Inspector and Health Education Organiser:

J. W. Kendall, D.H.E., M.A.P.H.I., M.I.H.E.

Deputy Health Education Organiser:

W. M. Murdoch

Health Educators:

Mrs. D. M. Barnes, S.R.N., S.C.M., H.V. Cert., M.I.H.E.
Miss J. L. Fish
Miss E. Hawley, S.R.N., D.H.E., M.I.H.E.
Mrs J. M. Richardson, S.R.N., H.V.Cert.,
T. G. Watson, B.T.A., R.N.M.S., S.R.N., H.V. Cert., Queen's Nurse.

Chief Administrative Officer:

E. L. Eyre

Principal Health Services Officer:

F. W. Hedge

Principal Administrative Services Officer:

T. H. Clark

Principal Administrative Officer:
(*Forward Planning*):

A. L. Dickinson, B.A., D.S.A., A.H.A.

County Ambulance and Transport Officer:

W. C. Collett

Deputy County Ambulance and Transport Officer:

D. R. W. Nelson

Chief Clerks—Area Offices:

C. H. Bray
T. A. W. Buchanan
A. G. Hall
D. E. Thompson

County Chiropodist:

J. D. Idris-Evans, M.Ch.S., S.R.Ch.

Area Chiropodists:

Mrs. J. Cotterell, M.Ch.S., S.R.Ch.
T. G. Phillips, M.Ch.S., S.R.Ch.
M. J. W. Pooke, M.Ch.S., S.R.Ch.
Mrs. V. Todd, M.Ch.S., S.R.Ch.

Physiotherapists:

E. Hrabak, M.C.S.P. (Spastics Unit)
Miss M. R. Rogers, M.C.S.P. (County Welfare Homes)
R. A. Smith, M.C.S.P. (County Welfare Homes)

Head Occupational Therapist:

J. R. Chick, M.A.O.T.

Deputy Head Occupational Therapist:

Miss D. M. Scott, M.S.A.O.T.

Area Occupational Therapists:

Miss M. R. Green, M.A.O.T.

Mrs. M. J. Osborne, M.A.O.T.

County Senior Speech Therapist:

Miss E. K. Bond, L.C.S.T.

Area Senior Speech Therapists:

Mrs. G. M. McCord, L.C.S.T.

Mrs. L. Smith, L.C.S.T.

Mrs. R. B. Swallow, L.C.S.T.

Mrs. J. M. Waterman, L.C.S.T.

Playgroup Advisers:

Full-time:

Mrs D. Shaw

Part-time:

Mrs. E. A. Gurrie

Mrs. J. M. Idris-Evans

STATISTICAL BACKGROUND

1. General

The area of the geographical and administrative county is 477,750 acres (approximately 746 square miles) and the numbers of private households and private dwellings at the 1971 census were 185,730 and 187,985 respectively.

The estimated rateable value of the county at 1st April, 1973, was £97,274,065 as against £36,867,680 at 1st April, 1972, This increase arises largely from the recent revaluation.

The mid-year estimate of the Registrar General and Director of Population Censuses and Surveys refers to the home population, including members of the armed forces stationed in the area, and amounts to 598,290 compared with 592,750 for 1971. This was an increase of 5,540. At the 1971 census the total population of the county was 587,559.

Census populations, estimated populations, birth and mortality rates for individual county districts are quoted on page 101.

2. Vital statistics—childhood and maternal

Live births:

	1972			1971		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Legitimate ..	4,548	4,295	8,843	4,781	4,646	9,427
Illegitimate ..	271	276	547	311	289	600
Total ..	4,819	4,571	9,390	5,092	4,935	10,027

	1972	
	Bucks	*England and Wales*
Live birth rate per 1,000 population	15.7	14.8
Illegitimate live births per cent of total live births	6.0	9.0
Stillbirths rate per 1,000 total live and stillbirths	11.0	12.0
Total live and stillbirths	9,493	734,199
Number of infant deaths (deaths under one year)	121	12,494
Infant mortality rates:		
Total infant deaths per 1,000 live births	13	17
Legitimate infant deaths per 1,000 legitimate live births ..	12	17
Illegitimate infant deaths per 1,000 illegitimate live births ..	22	21
Number of deaths of infants under four weeks	69	8,373

	1972	
	Bucks	*England and Wales*
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	7	12
Number of deaths of infants under one week	57	7,142
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	6	10
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	17	22
Number of maternal deaths (including abortion)	1	—
Maternal mortality rate per 1,000 live and stillbirths	0·1	—

3. Vital statistics—other

The principal causes of death in the county were:

	Males	*Females*	*Total*
Cardiovascular disease	1,382	1,277	2,659
Malignant disease	647	554	1,201
Respiratory disease	389	348	737
Accidents	113	82	195
Total deaths from all causes	2,835	2,576	5,411

LOCAL HEALTH SERVICES

HEALTH CENTRES

Although health centres received their first official encouragement in the Dawson Report of 1920 and were seen as a major integrating factor of the tripartite health service established under the 1946 National Health Service Act, for various good reasons it was not until five years ago that the County Council embarked on a major health centre building programme. Behind the programme was the aim of facilitating the integration of the health services in the county as it was becoming clear that the existing structure was restrictive and there was a need to bring the local authority community nursing and medical teams into closer working relationship with the family doctor service. There was also a need to start building a bridge between the existing community and family doctor services and the hospital based specialist service.

General practitioners in the county were therefore approached and asked whether they would be interested in working from health centre premises with their colleagues from other branches of the service, and utilising this opportunity to restructure and to improve the quality of medical services offered to the general public. The response over the county was most encouraging, over 50 general practitioners expressing interest in health centre practice.

Capital building, however, is a lengthy process and although the first health centre opened at Winslow in 1969 and was followed in 1970 by one on the Bedgrove Estate, Aylesbury it was not until this year that the programme really left the ground. During 1972 no fewer than four new health centres opened at Haddenham, Stokenchurch, Burnham and Water Eaton (Bletchley). These first health centres have tended to be small and the four centres together accommodate only fifteen general practitioners, 13 health visitors, 12 health service assistants and 18 community nursing and midwifery staff. The health centres now under construction and in design tend to be somewhat larger than this and the next fifteen general practitioners will be accommodated in the three health centres currently under construction at Wendover, Stony Stratford and Newport Pagnell together with over 20 nursing and health visiting staff. Four further centres that will accommodate ultimately a total of twenty-four general practitioners are included in the 1972/3 capital building programme for Amersham, Langley (Slough), Wing and Woughton (Milton Keynes). When these health centres and those currently at the planning stage for Buckingham, Chalfont, Olney, Stantonbury (Milton Keynes) and Wolverton (Milton Keynes) open, a total of 72 general practitioners and over 120 nurses and health visitors should be accommodated in seventeen health centres.

The larger health centre can support a wider range of local authority services and many of them include full-time provision for local authority dental officers, chiropodists and speech therapists. If sufficiently large, as in the case of some health centres planned for Milton Keynes, provision can also be made for visiting specialists from the hospital service. Obviously it is only practical for the Regional Hospital Board to ask their consultants to hold out-patient sessions in a health centre or for the Board itself to provide para-medical services such as x-ray or physiotherapy where a centre serves a large catchment area. The centres planned for Milton Keynes serving on average, a population of 30,000 are large enough for these purposes and there are certain groups of patients—children, the elderly, the mentally and physically handicapped—who benefit from obtaining as much health care as is practicable in a community setting. For these categories of patients, strong primary medical care and specialist teams will be health centre based in Milton Keynes and it is hoped that the services provided in this way will increase the quality of the care and give greater continuity of care to the patient whilst providing increased job satisfaction for the staff.

It is obviously important to obtain the views of the "consumer" on health centre provision and a survey into patients' attitudes before and after the opening of the health centre at Wendover is currently being undertaken. Results of the first stage of the survey have yet to be analysed, but the general impression gained from visiting the centres now open is that both patients and staff appreciate having one warm modern comfortable centre for all the community health services in the area.

As the various projects have been processed, the forward planning division at the central office which is responsible for the management of the department's capital building programme has been gaining in experience. It was learned that the organisation and administration of health centres is a highly complex matter. Although design faults in centres have been minimal, provision for administrative staff, receptionists, telephonists and practice records have tended in the early stages to be somewhat inadequate. The reorganisation of the health service team within the centre has demanded adaptability of professional staff. All these factors are now being taken into account as design proceeds on future health centres. Room data sheets have been introduced to provide a more systematic brief for the architect and to help the supplies section with the increasing equipment requirements. Recognition of the greater expertise now possessed by local health authorities has led the Department of Health and Social Security to agree that in future sketch plans for only the larger schemes need be approved by them, the Local Authority and Executive Council having now been delegated the power to approve sketch plans for small centres. During the year advice has also been received from the central department on the various matters to be covered in the formal agreement between local authority and executive council for use of the centre, and while the agreements used in Buckinghamshire are generally in line with the recommendations, the opportunity was taken to standardise the allocation of running costs between the two authorities, which in turn enables general practitioners to be given, at an earlier stage than was previously possible, an indication of the likely cost to them of moving into a health centre.

CARE OF MOTHERS AND YOUNG CHILDREN

1. Child health clinics

Child health clinics have three main functions:—

(1) the examination of young children to identify those showing developmental delay, which is often the first indication that the child is handicapped;

(2) education and advice to mothers on health matters with particular reference to the child's health and well-being in the family and, later, in the community;

(3) immunisation against certain diseases, at present pertussis (whooping cough), diphtheria, tetanus, poliomyelitis and measles.

It is not intended that the clinics should cater for sick children who, as is the case with all people who are ill, would more appropriately attend the general practitioner at his surgery or receive a home visit from the doctor.

A clinic is staffed by a doctor who has had special training in the assessment of developmental progress in young children, one or more health visitors, a nurse to carry out the immunisation procedures, a receptionist and, in many clinics, voluntary helpers to assist generally.

There are 38 clinic sessions held each month in the county in doctor's practice premises; 306 held on local authority owned or hired premises; and 16 sessions in the mobile clinic serving 44 villages in the rural parts of the county.

The examination for developmental delay involves assessment of the child's level of achievement in the fields of gross motor function, fine manipulation and vision, hearing and language, and emotion and social skills. In addition a full physical medical examination takes place.

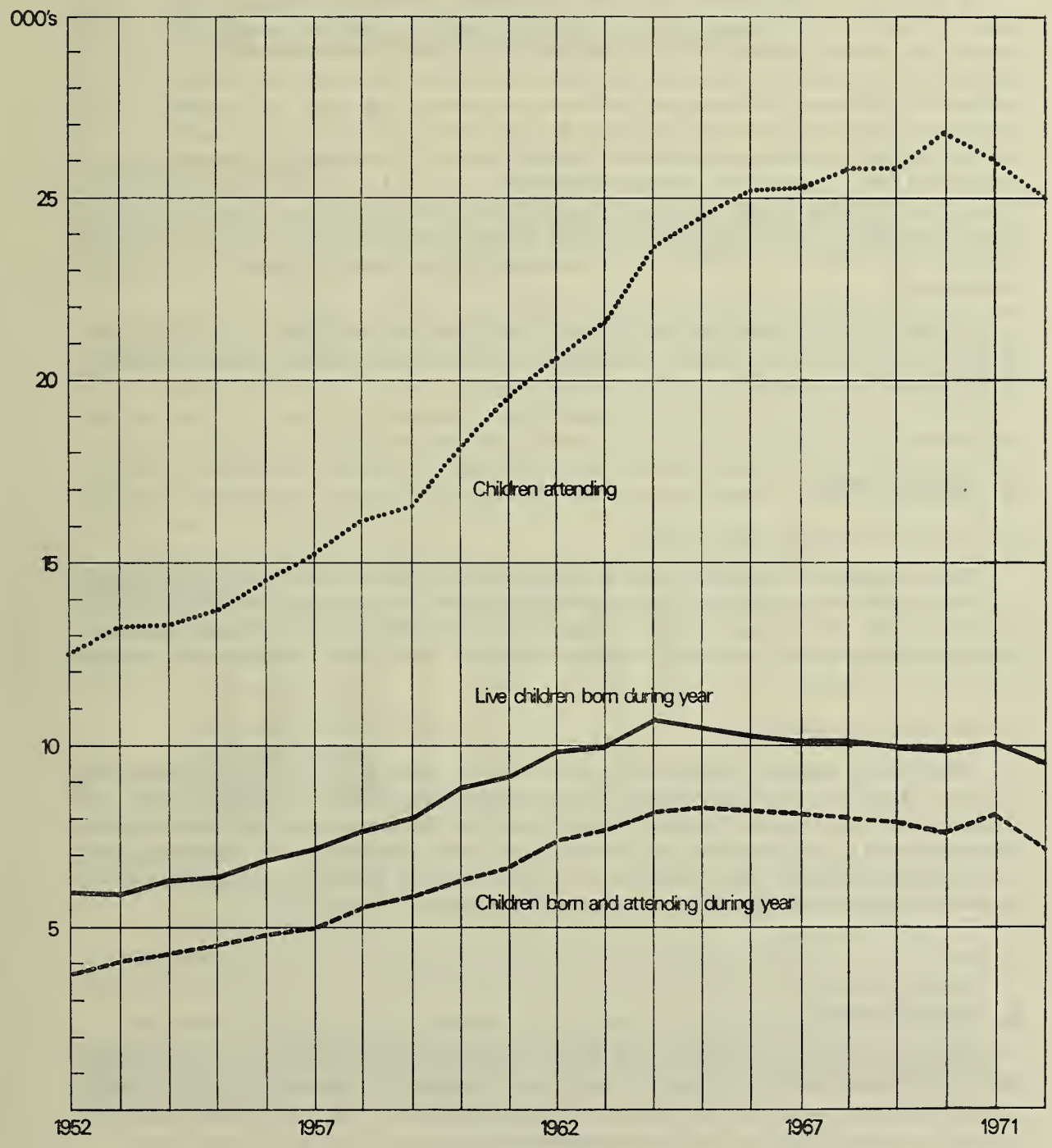
Ideally these should be undertaken when the child is six weeks old; at six months; one year; and eighteen months of age and thereafter on the second and third birthdays and at four and a half years of age. Illingworth (personal communication) has indicated that in his opinion a child who shows normal development at the three examinations during the first year of life is neurologically sound. Children found to have significant delay are referred, after consultation with the general practitioner, to the paediatrician.

In this county attendance at the child health clinics is high (86·4%) during the first year of life but the level of attendance falls thereafter. The graph on page 19 shows the figures for the last twenty one years. The total number of children who attended in 1972 is lower than in 1971 and is a reflection of the smaller number of births in the county during the year. Some clinics run an appointment system for examinations by the doctor and, since it is important to ensure as far as possible that all young children in the county are given the opportunity to attend, this system is being extended to all clinics.

Health education and advice to mothers is mainly given by the health visitor, with the support of the doctor when necessary. A mother, particularly of a first baby, requires reassurance by being given the knowledge that she is managing her baby well, and by learning about the various stages of development through which all young children pass and the most satisfactory way to deal with them.

Advice is not only obtained from the professional staff, as mothers of older children can sometimes explain their method of dealing with a problem successfully, and this reinforces the advice from the

Attendances at Child Health Clinics



doctor or health visitor. This fact was the basis of the development of mothers clubs described on page 73 which arose initially from the need apparent at child health clinics to provide health education for young mothers in a social setting without the distraction of her baby's presence. Immunisation is carried out by nurses who have individually received approval from the County Medical Officer as competent for the purpose.

In the report of the Sheldon Committee published in 1967 under the title "Child welfare centres", which were subsequently renamed child health clinics, it is envisaged that the clinics should continue but that they should be one of the functions of what would now be referred to as the primary care team. For this reason those general practitioners interested in the work have been encouraged to take part in child health clinics for the children in the practice. A sessional fee is payable in these circumstances if the doctor is well orientated to the type of work required in a child health clinic, the doctor is prepared to undertake developmental testing of children at the required ages, records are kept in an approved form, a register of the children's attendances is kept and a return of numbers made to the County Medical Officer annually and when requested. Further conditions are that the sessions should be devoted specifically to child health work, and the premises where the clinic is held are considered suitable by the County Medical Officer or his representative. Some training is provided for the doctors who require it.

Attached health visiting and nursing staff also attend these sessions. There are now 17 practices in the county involved in this way and in addition at 3 practices a local authority doctor is "attached" for this purpose.

2. Maternity services

(a) Ante natal and post natal clinics

These are held both at hospitals and by general practitioner-obstetricians the latter being principals in general practice who, as a result of their experience in the field of obstetrics, have been approved by the local obstetric committee as suitable to be responsible for the care of women throughout pregnancy during labour and in the puerperium. Ante-natal clinics are held jointly by doctors and midwives in all areas of the county.

(b) Maternity accommodation

There are five consultant obstetric units in the county, at Royal Bucks Hospital, Aylesbury; The Shrubbery Maternity Unit, High Wycombe; Amersham General Hospital; Upton Hospital, Slough; and Canadian Red Cross Memorial Hospital, Taplow. In addition the three general practitioner maternity units continue to be used extensively and here the family doctor is in charge of the care of the patient with domiciliary midwives closely involved and frequently taking complete control of the delivery. Domiciliary midwives also join their colleagues in all the hospital obstetric units.

3. Premature births

A premature baby is one weighing 2,500 grams or less at birth, and for babies as small as this their hold on life during the first few days and weeks can be precarious. For some, nursing in special units at hospital is needed and for others, who are born small but at full term, regular follow-up is required as learning difficulties may become apparent later.

The downward trend in the number of deaths of premature babies halted in 1971, continued again in 1972 when the number of deaths was the lowest on record.

The proportion of births which are premature did not change during 1972, but the chances of survival have improved. Less than one hundred (94) infants died during the first twenty-eight days of life in 1972 compared with 117 in 1970 the previous lowest figure. Nevertheless prematurity remains one of the major problems associated with infant death.

The histogram on page 22 shows the position during the last eight years.

4. Congenital abnormalities

Certain drugs taken in pregnancy, and other factors, can lead to congenital defects in the unborn baby, a well-known example being the association of limb deformities occurring in pregnancies where the mothers were being treated with thalidamide.

A register of the number of children born with congenital abnormalities is kept nationally by the Office of Population Censuses and Surveys and the data for the register is collected by all local health authorities including Buckinghamshire. For the diagnosis of possible causes of congenital mishaps small variations in the number or type of abnormalities occurring on a local basis are of less significance than the variations taking place nationally, nevertheless the information collected is of considerable value locally. Where the congenital abnormality is severe enough to cause a handicapping condition the services for handicapped children and their families can be mobilised to assist at an early stage, in addition the information combined with that obtained from other sources is used to determine the expected need for such services in the future.

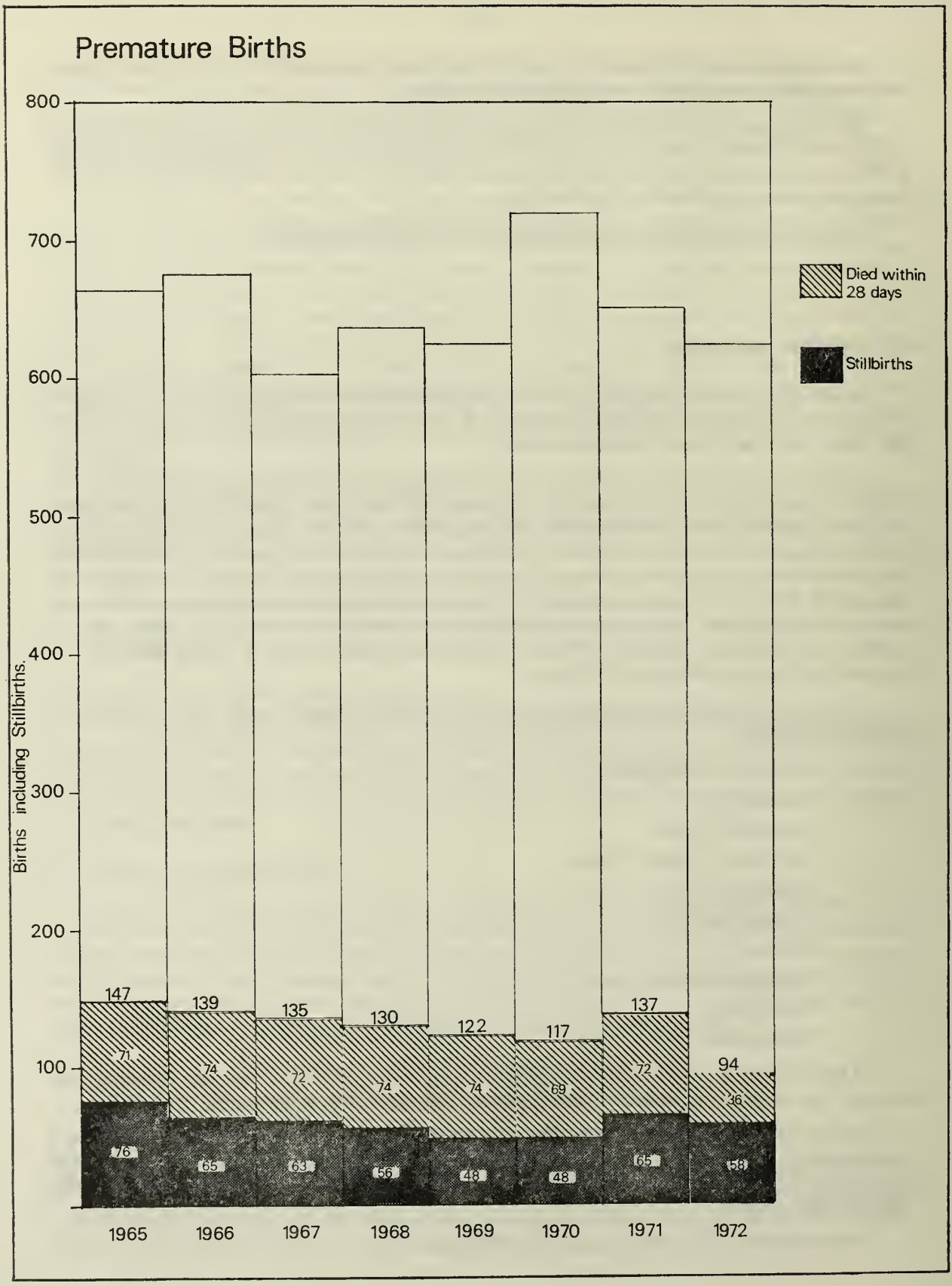
Congenital abnormalities diagnosed at birth are coded by category under one or more of the following headings:—

Central Nervous System
Eye and Ear
Alimentary System
Heart and Circulatory System
Respiratory System
Urino-genital System
Limbs
Other parts skeletal system
Other systems
Other malformations

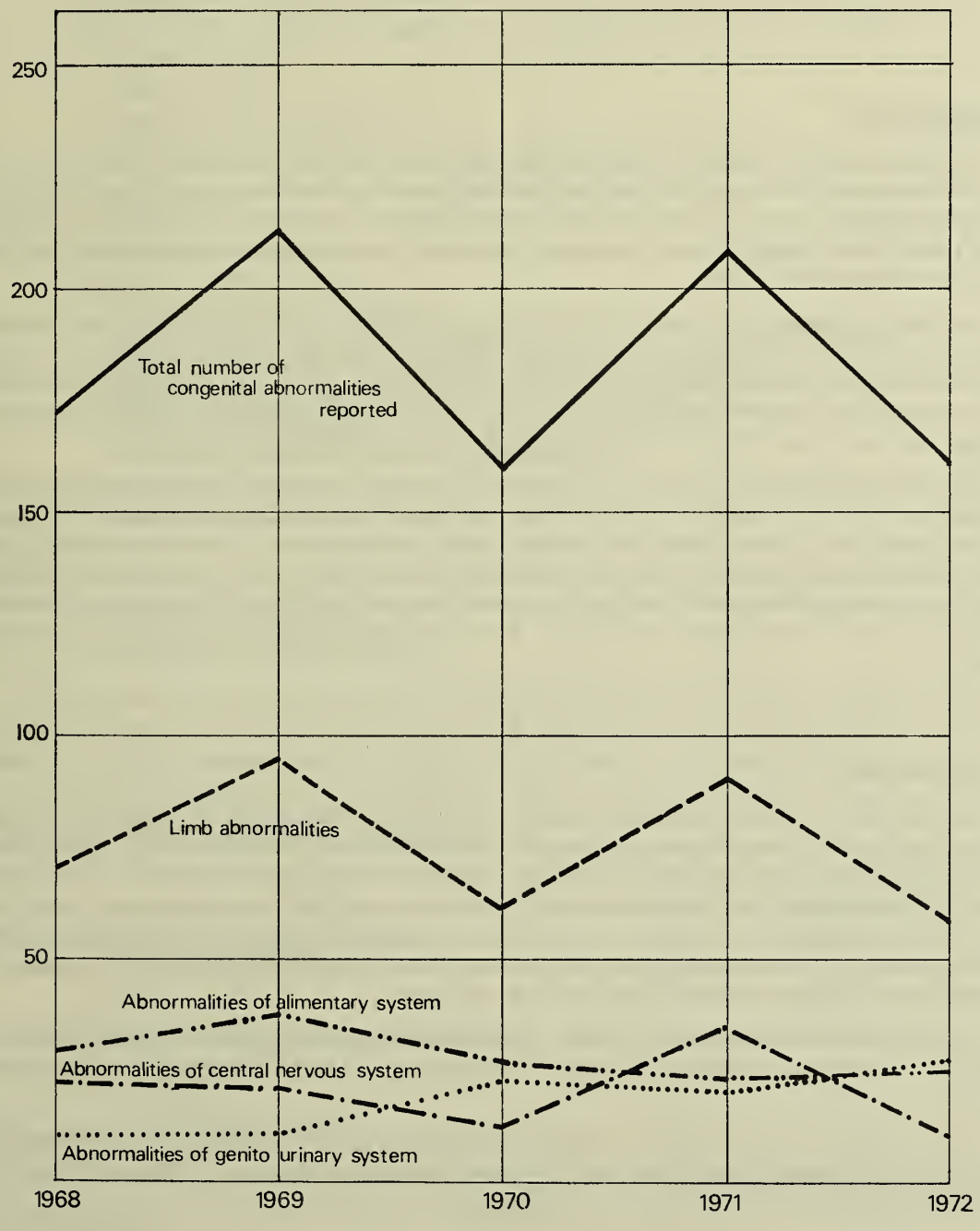
As the presence of one congenital abnormality is an indication that another may be present, the names of these children are added to the risk register and supervision is maintained as necessary.

One hundred and sixty-two abnormalities were reported in 1972. The numbers in each group were small except for deformities of limbs (57) genito urinary system (25) alimentary system (23) and heart and circulatory system (23). The largest reduction is in the group of central nervous system abnormalities where 10 were notified.

The graph shows the position during the last five years.


Premature Births
800
700
600
500
400
300
200
100
Births including Stillbirths.
Died within 28 days
Stillbirths
147
139
135
130
122
117
137
94
71
74
72
74
74
69
72
36
76
65
63
56
48
48
65
58
1965
1966
1967
1968
1969
1970
1971
1972

Congenital Abnormalities



At the end of the year the position was as follows:—

	1972	1971
Abnormalities requiring surveillance	136	131
Children no longer requiring surveillance	5	32
Children died	15	23
Children moved from the county	6	10

5. Infant deaths

The birth rate in the county is falling and during 1972 reached the comparatively low level of 15·7 per 1,000 population. This compares with the national figure of 14·8 which is also falling, mainly as a result of the increased interest in family planning. Buckinghamshire contains many areas of new housing which attract young people thereby increasing the number of women of childbearing age and the likelihood of a high birth rate.

The infant mortality rate, which is the number of children who die before their first birthday expressed as a ratio for each 1,000 live births, was 13 the lowest level since 1969. It compares with a rate of 17 for England and Wales. The perinatal mortality rate, which is the number of stillbirths and deaths under one week per 1,000 live and stillbirths and a sensitive index of antenatal and obstetric care, at 17 was also the lowest since 1969. The corresponding figure for England and Wales was 22.

There are many factors associated with low infant death rates. An ideal expectant mother could be described as one who is happily married, has her first baby when she is aged between 20-25 years, does not smoke, has a family history free from congenital abnormalities, has been immunised against rubella, attends regularly for ante-natal care, and arranges for her baby to be born where there is good obstetric care with facilities readily available for care of the new born infant. Such a woman would be more likely to rear a fully healthy child than a mother where one or more of these factors were not present.

6. Risk Register

The concept of a register containing the names of children in whose history factors were present which might give rise to handicapping conditions was first described by Lindon in 1952. Shortly afterwards Sheridan drew up an extensive list of factors any of which might be the precursor to a handicap. It soon became evident that the maintenance of a register in which all these factors were given consideration was not practicable, and as some handicaps occur in the absence of any obvious predisposing cause it is necessary to examine all infants and young children at regular intervals so that the presence of a handicapping condition may be diagnosed at an early stage.

Until arrangements are completed for the adequate follow-up of all children a register based on a limited list of factors is desirable as it helps to ensure that children in this group are adequately supervised.

The computer-based risk register was started in Buckinghamshire in 1968 and the factors used are those agreed by representatives of the British Paediatric Association, Society of Community Medicine and British Medical Association. They are as follows:—

Genetic

Family history of deafness, or other major disorder.

Pre-natal

Diabetes in mother.
Rubella in pregnancy.
Severe maternal illness or major surgery in early weeks of pregnancy.
Hyperemesis requiring hospital care.
Toxaemia requiring hospital care.
Threatened miscarriage or bleeding at any stage.
External version.
Multiple birth.
Psychiatric illness in pregnancy.
Drugs used in pregnancy if considered significant by doctor in charge.

Perinatal

Gestation 42 weeks or over.
Gestation under 36 weeks.
Birth weight less than 1,800 gms.
Prolonged or difficult labour if considered significant by the doctor in charge.
Five-minute delay before establishment of regular respiration.
Floppy baby, absent Moro reflex or excessive drowsiness.
Prolonged poor sucking.
Convulsions, cyanotic attacks or hyperexcitability.
Hyperbilirubinaemia over 15 mg%.
Major congenital abnormality.

Post Natal

Head injury or meningitis.
Other serious illness or disorder.

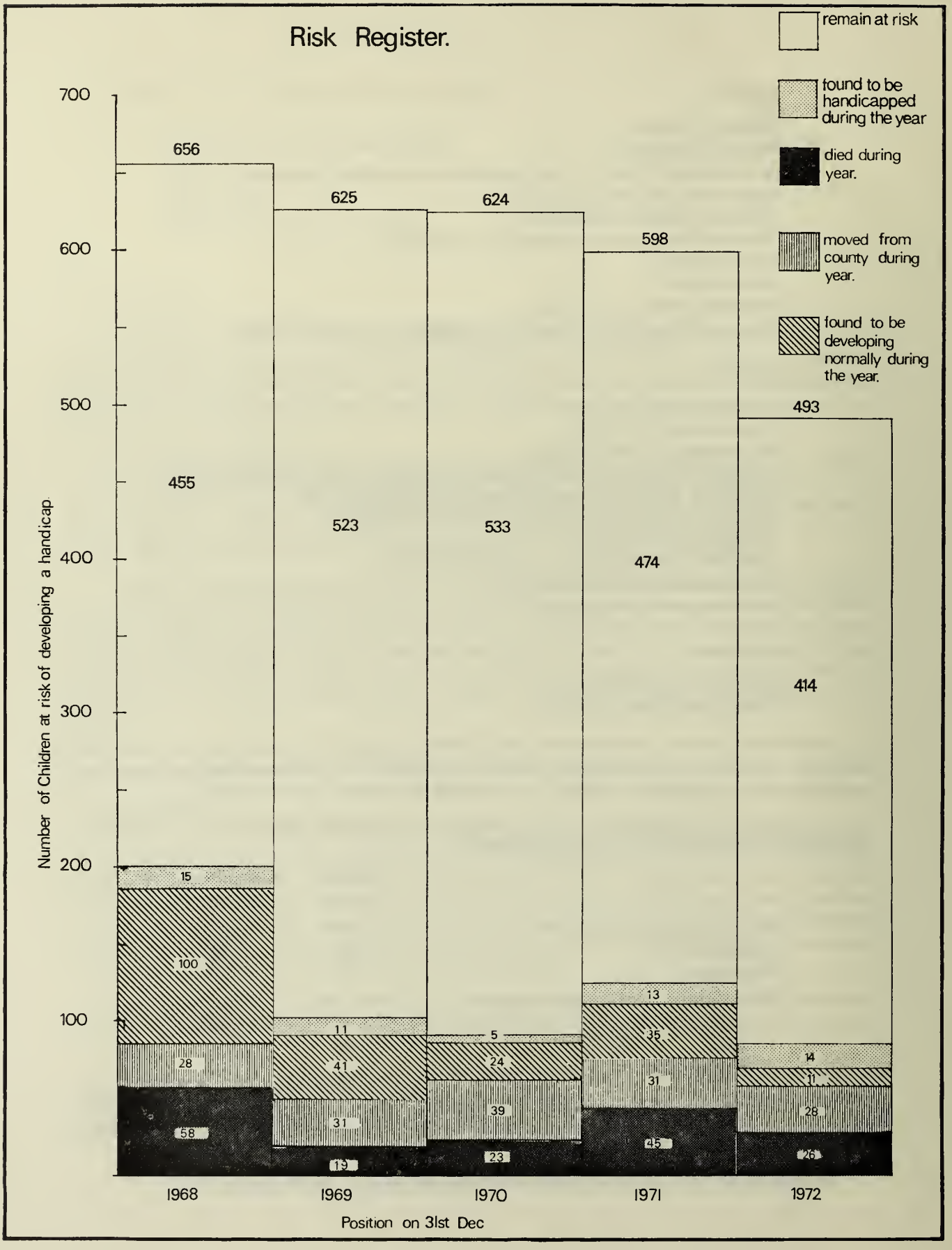
The decision to place a child's name on the risk/handicap register is a medical one and in each area the doctor associated with handicapped children is responsible for adding and deleting names and amending details. A separate case file giving the clinical data is kept for every child.

The names of 493 children born in 1972 were placed on the register. This is 105 fewer than in 1971. The position at the end of the year was as follows:—

	Born in 1972	*Born* 1968/1972 *inclusive*
Total names placed on register	493	3,263
Currently at risk	414	1,186
Handicapped	14	214
Names removed from register because:		
not now at risk	11	1,160
Died	26	210
Moved from county	28	466

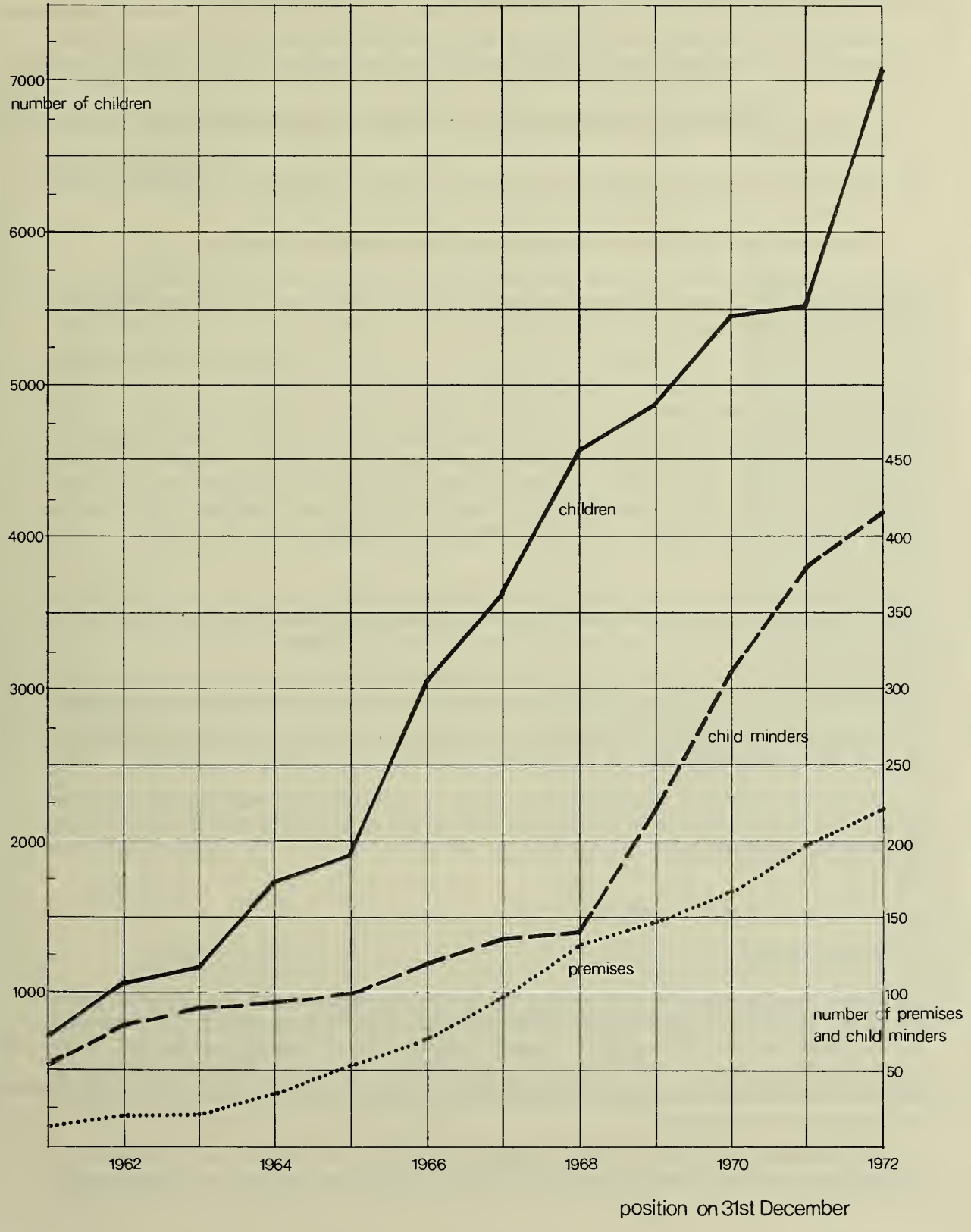
Of the 3,263 children whose names, since 1968, have been placed on the register, 676 had moved out of the county or had died by the end of 1972 leaving 2,587. Of these, 214 (or 8·3%) are known to be handicapped.

The histogram shows the development of the register during the last five years.


Risk Register.
remain at risk
found to be handicapped during the year
died during year.
moved from county during year.
found to be developing normally during the year.
Number of Children at risk of developing a handicap
700
600
500
400
300
200
100
656
625
624
598
493
455
523
533
474
414
15
100
28
58
11
41
31
19
5
24
39
23
13
35
31
45
14
11
28
26
1968
1969
1970
1971
1972
Position on 31st Dec

Nurseries & Child Minders Regulation · Act 1948

children in registered premises or with registered child minders



7. Nurseries and Child Minders Regulation Act, 1948

Looking after other people's children is a responsibility which should not be undertaken lightly and, to ensure that the care given does not fall below a satisfactory level, registration by the County Council is needed in respect of:

(a) Premises where it is proposed to look after one or more children for a period of two hours or longer during the day

(b) Persons who for reward, propose to look after, one or more children who are not related to them, in their own homes for a period of two hours or longer during the day.

This service is an expanding one, as may be seen from the graph on page 27.

In 1962 registered premises and persons provided places for 1,102 children and this has risen to 7,095 in the decade. It should be appreciated that, as some children attend on a part-time basis, the actual number of children benefiting from this service greatly exceeds the number shown on the graph.

On 1st April, 1971 the responsibility for registration of nurseries and child minders was transferred to the Social Services Committee but it had been agreed that, for a limited time, the necessary visits and the administration would continue to be carried out by the staff of the health department. When registration is applied for, the applicants are visited to determine that the standards offered comply with those laid down by the County Health Committee. Leaders and regular helpers are required to complete a declaration of health and to produce evidence of a clear chest X-ray during the past year. Applicants are advised to apply for planning permission if a change of use of premises is involved. Where a meal is served on the premises, a report is obtained from the public health inspector. A fire prevention officer's report is requested in all cases.

The physical conditions in which the children are looked after are important but no less so is the type of care given and one full-time and two part-time play group advisers have been appointed to advise on this aspect and to initiate training courses for leaders and helpers.

The standard of care provided in many cases is high, and, in others, encouragement and advice is leading to better care and an improvement in the quality of play facilities provided for the children.

The field work is undertaken by the playgroup advisers who visit and also organise both long and short courses and day conferences, and by selected health visitors who advise on health care.

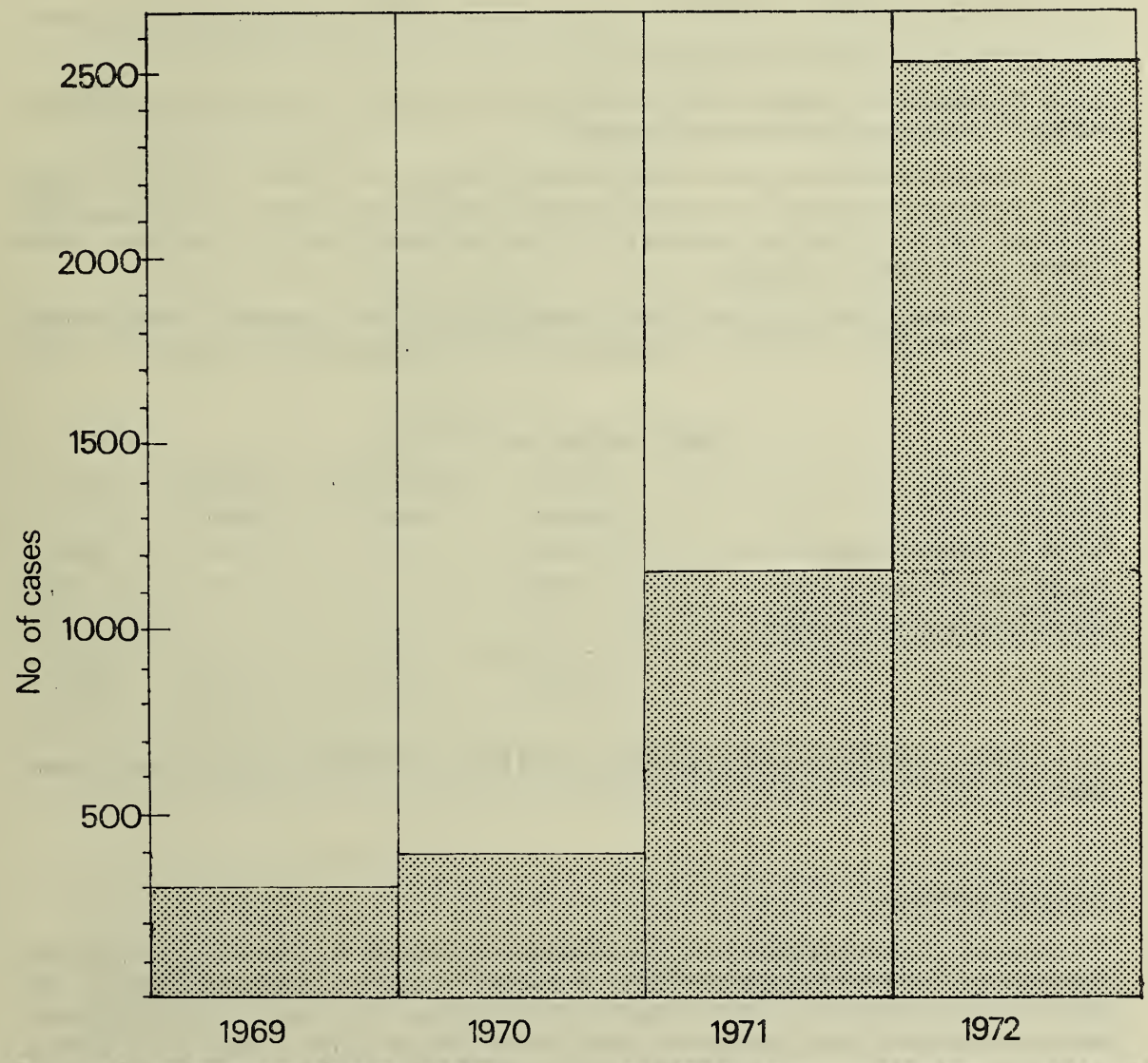
At the end of the year, negotiations were started to enable the field work and administration associated with the registration of nurseries and child minders to be transferred to the social services department on 1st April, 1973.

8. Family planning

Family planning services may be provided by any one of the three branches of the National Health Service and all three do so in Buckinghamshire. Some general practitioners provide a comprehensive service to their patients while others refer women requiring family planning to other agencies. At the hospitals, especially in the ante-natal clinics and obstetric wards, an advisory service is provided and at the Royal Buckinghamshire Hospital, Aylesbury, a family planning clinic with a session for the insertion of intra-uterine devices is held.

The National Health Service (Family Planning) Act, 1967 enabled local health authorities to provide family planning advice and treatment either as a directly run service or by using voluntary

Number of women who received family planning treatment paid for by county health committee



organisations acting on an agency basis. In Buckinghamshire the latter arrangement applied during 1972, the Family Planning Association with clinics in the North Bucks, Aylesbury and Wycombe areas, and the Slough and District family planning clinic in South Bucks, being the agents.

Schemes for the provision of family planning provide three different levels of service, viz:

(a) Free advice and supplies to all who apply.

(b) Free advice to all who apply and supplies free of charge only to those who require them for medical reasons, the definition of "medical" being a wide one, namely, for any woman, whose health, in the opinion of the examining doctor would be expected to suffer by the increased mental, physical or social burden placed on her by pregnancy.

(c) Free advice and supplies only to those who require them for medical reasons as defined in (b) above.

All others who attend are expected to pay.

In Buckinghamshire scheme (c) was adopted and during 1972, 2,521 cases were assisted, 2,387 receiving a full service of advice and free supplies.

In addition nine cases were treated by the domiciliary service in the Aylesbury area and the Slough family planning clinic arranged 311 domiciliary visits in the South Bucks area. The graph shows the increasing number of women who received family planning treatment paid for by the County Health Committee during the last four years.

At the time of writing the County Health Committee has decided to extend its family planning service in 1973 to provide free advice to all Buckinghamshire residents and also to introduce a directly-run service.

Family Planning Service—1972

	Full Service	*Exam/Advice only*	*Supplies only*	*Total*
Family Planning Association	1,937	67	63	2,067
Slough Family Planning Clinic	439			439
Adjoining local authority clinics	11	4		15
	2,387	71	63	2,521

In addition, Slough family planning clinic were paid for 311 domiciliary visits and 13 weeks of ward talks.

9. Cervical cytology

During 1972 the Health Department commenced its participation in the national recall scheme in conjunction with the Buckinghamshire Executive Council, hospitals and general practitioners. This scheme is to ensure that those women who had a test five years ago are invited for a follow-up appointment. As the hospital regions serving the county did not take part in the national scheme when it commenced in 1967, the arrangements for recall are only for those women whose original test was carried out in some other part of the country. There are, however, several local recall schemes in operation in the county, to ensure that women who had their initial test in Buckinghamshire receive an invitation for a follow-up examination at the appropriate time.

Important though recall is, it is more important to encourage those women who have never had a cervical cytology test to have one. With this in mind discussions have been taking place with a general practitioner in the north of the county to investigate the possibility of sending an invitation to each of the women in his practice, and with the co-operation of the Oxford Community Health Project the scheme should get under way in 1973.

Mention was made in the 1970 report of the population screening research project being carried out in the Aylesbury Borough and Rural District areas. This survey was completed in 1972 and the following summary has been compiled from the full report which Dr. M. E. Wolfindale, cytologist at Stoke Mandeville Hospital hopes to publish shortly:—

In 1965 after joint consultation with general practitioners, the Health Department, the consultant gynaecologists and the pathology laboratory, plans were made for an investigation into a variety of aspects of population screening by means of cervical smears. The scheme was projected to last six years, the first three years to be spent in taking smears from as many of the women living in the rural and urban districts of Aylesbury as possible, and the second three to be spent in re-screening these women.

Aims

1. To find out the practicability of providing a permanent screening service and the best means by which it can be organised with particular reference to the role of the general practitioner.
2. To find out whether population screening can be made effective particularly in terms of attracting the right population for regular screening.

Methods

Initially a postal invitation was sent to all the women on the electoral roll of the rural and urban districts of Aylesbury. Those accepting this invitation were for the most part screened by their own general practitioner, with some secretarial help in sending out appointments. A clinic was also held regularly in the town for women preferring a woman doctor and to examine patients of doctors who did not wish to participate in the screening.

After this the practices were divided into three groups to investigate the effectiveness of approaching the nonresponders by means of a health visitor, their general practitioner or a second letter. A survey was undertaken in one practice to try and determine the reasons for patients not responding to a second letter.

In the third year, publicity by means of press and posters, open clinics, cervical smear sessions held at factories and visits by a technician to take smears from patients in the hospital wards were all used to try and screen more women.

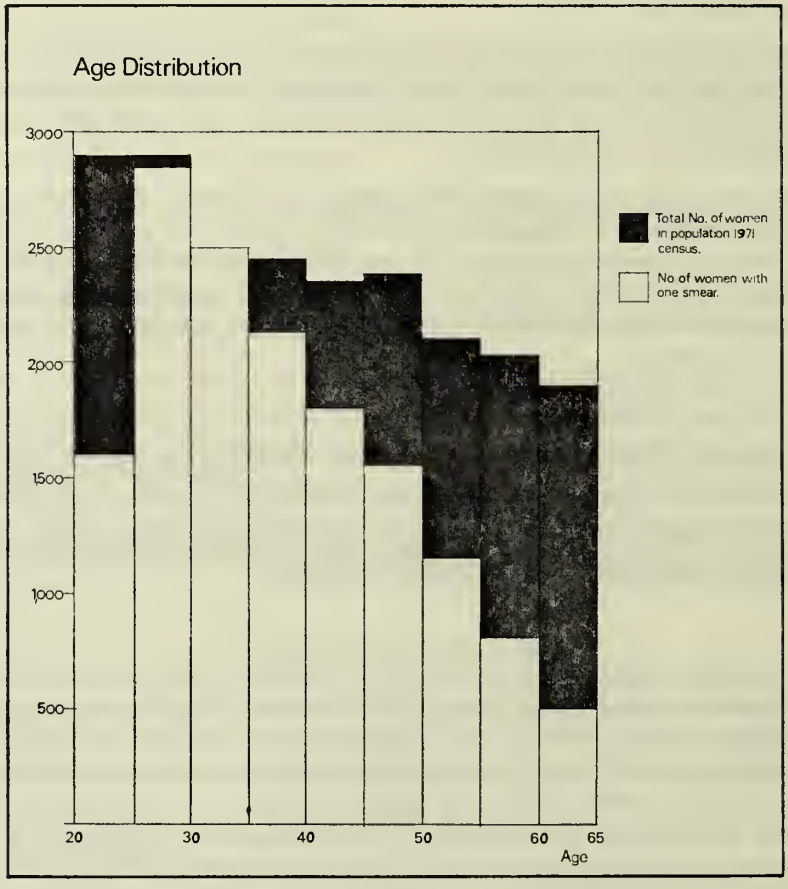
After three years appointments were sent out to re-screen as many as possible of the women examined in the first three years. At the same time an investigation was undertaken to gauge the effects of diagnosis and treatment on the first fifty women reported to have positive smears. In a final attempt to try and screen some of the women who had so far escaped the net, letters were sent to women on two lists supplied by the Public Health Department. The first came from the computerised immunisation programme and gave the names and addresses of the mothers having their third or subsequent child during 1968—1971 and the second contained the names of mothers of children having their last routine school medical examination in 1970.

Results

The number of women in the area over age twenty was 24,900 in 1971 and of these 15,536 (65%) had at least one smear in the years since 1965. This takes no account of population movement

however, but due to the special effort being made in this area it is likely that more of the women moving out of the area will have been screened than those moving in.

The age and social class distribution of women having a smear test is shown below:—



Social Class Distribution

Based on information of husband's occupation on 70% of women screened, the following table illustrates the well recognised difficulty of reaching social classes IV and V.

Social Class	*In Population*	*In screened Women*	*% of each class screened if no account taken of population movement.*
I & II	16%	28%	136%
III	55%	59%	82%
IV & V	29%	13%	35%

Positive Findings

Of the 15,536 first smears taken, 84 women were found to have cervical lesions, which had caused no symptoms. A further 155 women were referred to a gynaecologist following the discovery of other (non cervical) lesions.

6,429 women had a second smear after an interval of 3 to 4 years and 11 lesions were found. This low pick-up rate on retesting emphasises that effort should be directed towards encouraging women who have never had a smear to present for one rather than towards retesting others.

10. Distribution of welfare foods

Despite efforts by the Department of Health and Social Security to promote the uptake of welfare foods, reports from centres indicate a falling off in attendances, in some cases to the extent that the centre itself has closed through lack of business. There is little doubt that this falling off is associated with the withdrawal of orange juice from sale.

At the end of the year, 74 centres and the mobile clinic were distributing welfare foods and were receiving their stock either direct from British Road Services or from the Health Department's central stores in Aylesbury. Once again thanks are due to the W.R.V.S., the British Red Cross and to the many helpers who voluntarily give their services for the benefit of mothers and young children.

Some centres sell proprietary baby foods in addition to the national welfare foods, although a restriction is placed on the range of products which can be sold, namely two brands of milk food, one cereal, one vitamin C preparation and one vitamin A & D preparation. A survey carried out in September 1971 suggests that approximately 115,000 items of proprietary foods are sold by centres during a year.

Issues of welfare foods made during the year are detailed below:—

	1972	1971
National dried milk	8,636	8,892
Cod liver oil	827	5,513
Vitamin A, D & C tablets	3,887	6,171
Vitamin A, D & C drops	20,772	5,494
Orange juice	47,289	186,324

11. Dental treatment of expectant and nursing mothers and young children

The inspection and treatment of these priority groups continued to form an integral part of the work of the county's dental services. Preventive measures for the young child are of great importance and the pattern of treatment during the past year has reflected this emphasis.

The talks to mothers and young children on the principles of dental health have continued, and dental, health education, and health visiting staff have done valuable work in this field.

Dental health education was provided for play groups and those engaged on this work felt this to be of great value if good dietary and oral hygiene habits are to be established early in life.

The value of giving guidance to the mother on nutrition and other matters concerning her own and her child's dental health is becoming more and more apparent, and the increased interest in these factors has become very clearly reflected in the better dental condition of the children of enlightened parents.

The importance of the fluoridation of the water supply in maintaining good dental health is stressed, and the marked reduction in caries in the young child seen in Birmingham after five years of fluoridation illustrates the value of this measure.

Mr. Mackintosh, the Area Dental Officer in the High Wycombe area, has submitted the following account of his joint clinic which has now been held for about two years at the surgery of a doctor in general practice:—

"A very successful clinic has been run for the 0-4 age group once every two months at the surgery of a local general medical practitioner, Dr. Donald Gau, who is extremely interested in the preventive aspect of dentistry.

The Local Authority has taken full advantage of this opportunity to inspect the dental condition of toddlers, and to give advice to parents on any matters concerning their children's dental well-being. We are also able to offer treatment to any children who may not have a dentist of their own. It is usual to have about 15 parents and children attending these clinics.

The help of a local health visitor is invaluable in the pre-school clinic. She is the all-important link between the parents and the dental service. She is able to refer those in need to the dentist, give advice on medical histories and generally assist in the smooth running of the clinic. I understand that a great deal of interest in dental health has been generated among the parents since the inception of the service and a large number of children have benefited from the preventive and reparative measures recommended and in many cases carried out. It follows that an expansion of the pre-school service would be of great benefit to the future school population and much of the dental disease so prevalent among school children could thus be avoided."

It is hoped that, with the integration of the dental services in 1974, the dental needs of the young child and mother will be carefully assessed nationwide and that their treatment will receive the priority that it deserves.

During 1972 it was possible to inspect more pre-school children than in any previous year and more mothers than in 1971 visited the clinics for treatment. More treatments of a complex nature and dentures were completed for these patients and it is pleasing to record that the number of emergency treatments needed was less.

The provision of inspection and treatment for these priority groups of patients will continue to be a most important part of the work of the dental services.

Dental treatment for mothers and young children 1972

Attendances and treatment

	Children 0-4 (*inclusive*)		*Expectant and nursing mothers*	
Visits for treatment:	1972	1971	1972	1971
First	681	806	83	57
Subsequent	780	863	115	86
Total	1,461	1,669	198	143
Number of additional courses of treatment other than the first course commenced during the year	89	98	4	10
Number of fillings	1,223	1,272	122	129
Teeth filled	1,081	1,104	122	128

Teeth extracted	339	423	52	38
General anaesthetics given (by consultant anaesthetists)	89	141	4	3
Emergency visits by patients..	30	59	12	23
Patients X-rayed	17	*	25	*
Scaling and/or removal of stains	160	279	50	32
Teeth otherwise conserved	259	341	—	—
Teeth root filled	—	—	1	—
Crowns..	—	—	6	—
Courses of treatment completed	607	704	51	51
Prosthetics				
Number of dentures supplied	—	—	16	9
Inspections				
First inspections	1,400	1,308	58	58
Patients who required treatment	722	595	57	57
Patients offered treatment	563	522	55	55
Patients re-inspected	135	128	8	15
Equivalent full sessions				
For treatment	—	—	311	302
For health education	—	—	21	18

*1971 figure not available

THE NURSING SERVICE

1. General management

The year has been eventful for the nursing service in many ways and major activity has been centred upon change. Developments nationally have influenced local policies and nursing staff of all skills have participated in the preparation for integration of the National Health Service within Buckinghamshire in 1974.

Implementation of the Mayston structure, which began in October 1971, was completed by the summer, some appointments to nursing officer posts remaining outstanding after the proposed completion date of April 1st 1972. A certain amount of mobility of nurse managers took place; one divisional nursing officer was appointed to a post in the Department of Health and Social Security; one area nursing officer was appointed divisional nursing officer to Wiltshire County Council and a nursing officer was appointed Director of Nursing Services in Northampton County Borough. By the end of the year the pattern of line management started to settle down and the main objectives began to be achieved.

At the same time, the centralised administration of midwifery and home nursing was delegated to the areas in accordance with last year's recommendations of the O & M team. Clerical and administrative difficulties were largely overcome and satisfactory systems have been established, notably in the notification of patients discharged from hospital and requiring domiciliary nursing services.

Nursing management at area level has developed and strengthened co-ordination of district nursing, midwifery and health visiting services, which has facilitated the development of primary care teams. It is increasingly apparent that team work between staff providing these three skills and the general practitioners ensures better patient care and increases job satisfaction. It also offers opportunities for expansion of service as will be seen in the following paragraphs.

2. Attachment to general practice

With the completion of attachment to general practice, a pattern of visits to the practices by area nursing officers has begun to develop during the year. During these visits, the nursing needs of the patients are fully discussed and the concept of team work has been encouraged. For the full potential of attachment to be realised, it is essential that community nursing staff should have accommodation in health centres or practice premises. Some progress towards achieving this has been made with the opening of health centres at Haddenham, Burnham, Stokenchurch and Bletchley (Water Eaton). In addition, the ground floor flat at Verney Close, Buckingham was converted to accommodate a group practice with the nursing team and a temporary health centre is proposed for the Galley Hill Estate in Milton Keynes. Meanwhile, a few more general practitioners are making rooms available in their surgery premises for health visitors and domiciliary nurses.

There is little doubt that during the year the nursing staff have made a major contribution towards integration with their general practitioner colleagues. More and more practice meetings are being held at which the running of the practice and the needs of the patients are discussed by the whole team. Increasingly, nursing treatments are being undertaken by home nursing sisters in surgery sessions and in certain group practices they assist with allergy and cytology clinics and undertake venepunctures. Health visitors are concerned with the development of well baby clinics with the general practitioners

and with health education and support sessions for patients suffering from obesity and hypertension. Domiciliary midwives are increasingly involved with the links between primary care and obstetric or general practitioner unit care and provide ante-natal care for expectant mothers as part of the practice team-work.

Of particular interest is the progress made by a general practice in Eton with a health education project for the over 60's. A maximum of 22 middle aged and elderly people attend the "Thursday Club" and a health visitor conducts lively discussion groups, exercise classes, and talks on a variety of health topics. The district nursing sisters and doctors are also involved from time to time.

3. Cross boundary visiting

During the year there has been an increase in cross boundary visiting. Attachment to general practice has facilitated the concept of visiting to give total health care to the patients of the practice regardless of their domicile. Arrangements have been made with the neighbouring authorities of Berkshire, Hertfordshire, Hillingdon Borough, Northamptonshire, Oxfordshire and Surrey. A preliminary approach has been made to Bedfordshire and it is hoped to complete arrangements in 1973.

Each negotiation has to be dealt with separately as it involves differing local authority policies in the deployment of nursing staff and a system of reciprocity needs to be established. By far the most extensive commitment has taken place in the negotiations with Northamptonshire. Cross boundary visiting started on 1st October 1972, seven group practices in Buckinghamshire, comprising seventeen general practitioners and thirty-two members of the nursing staff being involved. The work includes child health clinics and the care of school children in three primary schools. One district nurse/midwife has been seconded by Northamptonshire to work with the Buckinghamshire staff. The group practice most concerned with this project will be moving into the health centre in Stony Stratford in 1974.

4. Hospital liaison

Considerable progress has been made in this respect throughout the county during the year. It comprises, perhaps, the largest increase in commitment of the nursing staff since the completion of attachment to general practice. Since it is of major importance at this time the various schemes are itemised in detail.

(a) Midwifery

In January 1972, midwives employed full-time in midwifery practice commenced taking their patients into the obstetric unit in Upton Hospital, Slough for delivery and bringing them home between 12 and 48 hours after delivery. The patients are those who are expected to have a normal pregnancy and labour and ante-natal care is given by the domiciliary midwife and general practitioner. The system calls for good team-work between hospital and local authority staff and satisfactory communications between the two services which is greatly helped by the co-operation of the ambulance station acting as communicator between patient, midwife and hospital. The service ensures continuity of care and enhances the relationship between patient and midwife. In addition, the midwife preserves and uses her valuable skills and gains greater job satisfaction.

Domiciliary midwifery sisters from Princes Risborough and Great Missenden areas joined their Aylesbury colleagues in delivering their patients in the general practitioner maternity unit at Stoke Mandeville Hospital in June 1972 and the Amersham/Chesham midwives have participated similarly in the Amersham General Hospital obstetric unit since July.

The link with the Bletchley general practitioner unit continues and, in December, domiciliary midwifery sisters commenced the delivery and planned discharge of patients in the Westbury Maternity Unit.

The following table shows the effect this trend has had on the pattern of midwifery over the past 5 years.

	1972	1971	1970	1969	1968
Institutional deliveries:					
Number	8,963	9,361	8,953	8,569	9,239
Percentage of total deliveries	95	92	90	86	84
Domiciliary deliveries:					
Number	460	749	1,045	1,443	1,785
Percentage of total deliveries	5	8	10	14	16
Deliveries by domiciliary midwives in hospital maternity units:					
Number	591	456	289	136	117
Percentage of total deliveries	6.31	4.51	2.89	1.36	1.06

(b) Paediatrics

The liaison with Stoke Mandeville Hospital continued to expand in 1972 and, in addition to daily visits to the children's medical and surgical wards, weekly visits to the plastic surgery and burns units were made by the health visitor concerned.

In August, health visitor liaison with the twice monthly paediatric out-patient service at the Meacham Clinic, Wolverton was started. The special requirements of the children are discussed with the paediatric consultant from the Northampton Hospital Group and the link is proving most valuable to all concerned.

A health visitor has been seconded to Dr. Garrow's research team based at Amersham General Hospital for the past year. The projects with which she is involved are concerned with neo-natal separation and toxocariasis. The Beaconsfield health visitors have established links in various specialties, including ophthalmic, with the Wycombe Hospital Group.

Liaison with the premature baby unit and post-natal wards at the Canadian Red Cross Memorial Hospital, Taplow and with the paediatric out-patients clinic at Wexham Park Hospital, Slough is also developing.

(c) Geriatrics

Attendance by a health visitor at the weekly conference held at Stoke Mandeville Hospital continues, as does the liaison with Renny Lodge Hospital. Two health visitors undertake liaison with the day centre for the aged in High Wycombe and with Marlow Cottage Hospital.

A major development in this respect has been the appointment of two full-time specialist health visitors. This began in July with the appointment of a geriatric health visitor covering the units at Upton Hospital, Slough. Old Windsor Hospital and St. Marks Hospital, Maidenhead. This specialist health visitor makes regular visits to the hospitals and discusses with the consultant and nursing staff concerned patient care and new cases referred. It has also been found beneficial for her to meet patients prior to their discharge, thus providing a link between the hospital and the home situation. Home visits are undertaken as necessary but always in co-operation with the primary care team.

A similar appointment was made in September 1972 in the Wycombe division, and as a result a strong link has been formed between the community services and the geriatric unit at Amersham General Hospital.

(d) Chest clinics

Liaison continues at Bletchley and Wolverton and is slowly developing at Tindal General Hospital. The specialist health visitor continues to work closely with Upton Hospital and the community, a great deal of her work now involving the immigrant population in Slough.

In May, a health visitor with special responsibilities for patients with chest diseases was appointed in the Wycombe area. The work includes supervision of patients suffering from tuberculosis and the follow up of contacts. The resultant advice and support to the district nursing sisters in caring for patients with a variety of chest conditions has proved particularly helpful. The support of the interpreter has again been invaluable in this work when immigrant households are involved.

(e) Diabetic clinics

The liaison health visitor attends the weekly diabetic clinic at the Royal Buckinghamshire Hospital towards the end of the session and a useful link with the primary care teams has been established. Plans are being made to start a weekly group therapy session in which the health visitor will play an active role. The objective of such a group would be to teach patients as much as possible about their diabetic condition and to alleviate anxieties.

The liaison with Wycombe General Hospital has continued throughout the year and it is interesting to note that the majority of cases referred were over 65 years of age and mainly non-insulin patients.

(f) Orthopaedics

Towards the end of 1972 a request was received from the consultant orthopaedic surgeon at Wexham Park Hospital for a health visitor to undertake liaison between his hospital patients and the community nursing services. As a result, a health visitor now attends a ward round each week and an expansion of this link is anticipated in the coming year.

(g) Home renal dialysis

Patients with impaired renal function requiring the support of a machine to undertake dialysis are increasingly being cared for in the community. The patient is instructed and is completely competent in the care of his own machine and renal dialysis procedure and remains in the care of the hospital renal unit concerned. A member of the community nursing team working with the patient's general practitioner is designated to visit the patient and his family in order to give supportive care and in 1972, 28 renal dialysis patients were being visited at home by the nursing staff.

Close links have developed between the renal dialysis units at Churchill Hospital, Oxford and the Royal Free Hospital, London, and the staff of the Wycombe division. A nursing officer is among those who meet the home dialysis organiser at the patient's house when plans are made for the installation of renal dialysis equipment and a link with the general practitioner is made.

(h) General comment

Discussions have taken place with the nursing staff of Northampton General Hospital regarding the possibility of closer links between the hospital and the community staff in north Buckinghamshire and new links are expected in the coming year.

A special service for certain psychiatric patients discharged from St. John's Hospital, Stone has now been in existence for a number of years. This involves continued chemotherapy treatment following discharge and during 1972, 282 home visits were made by the psychiatric hospital nursing staff.

A programme of exchange visits between district nursing staff in Aylesbury and surgical, geriatric and theatre staff at Stoke Mandeville Hospital was undertaken from October to December. Similar exchange visits have taken place in the south of the county and from time to time the district nursing sisters join the ward sisters' meetings at Wycombe General Hospital.

Contacts with hospital colleagues in the county are facilitated by parallel developments in management structures providing equitable levels of contact. The main objective is always to improve the quality of service to patients.

5. Domiciliary psychiatric nursing service for the elderly

At the beginning of the year, five nurses were in post and a sixth was appointed early in 1972. They hold joint appointments with Buckinghamshire County Council and the Royal Buckinghamshire and St. John's Hospital Management Committee.

This development in the County has been well documented elsewhere and this service is recognised nationally as a pioneer model of community care for this vulnerable group. The psychiatric nurse has become a valued member of the primary care team and the links with general practice encourage early referral to enable some preventive work to begin before crises develop. The service prevents many families from reaching the stage of desperation when they think the only solution is permanent institutional care.

The case load of each psychiatric nurse was approximately 50 patients and this appears to be the maximum one nurse can effectively manage. The work is stressful, the nurses have felt isolated and they cover wide geographical areas. As the proportion of elderly people in the population increases so does the number of elderly mentally infirm. Community care, supported where possible by day care or short-term hospital admission, is the only possible solution for most of them at present. With smaller geographical areas it is anticipated that the nurses could develop closer links with general practices, more early referrals could be accepted and more time devoted to the patients and families needing help.

The value of the work of the domiciliary psychiatric nurse has been demonstrated in practice and there is need for expansion of this service.

6. Recruitment and staffing

On the whole, recruitment has maintained a level of about 90% of the establishment throughout the year, although particular areas experienced problems and midwives were difficult to recruit. During November the number of home nurses in post was up to establishment.

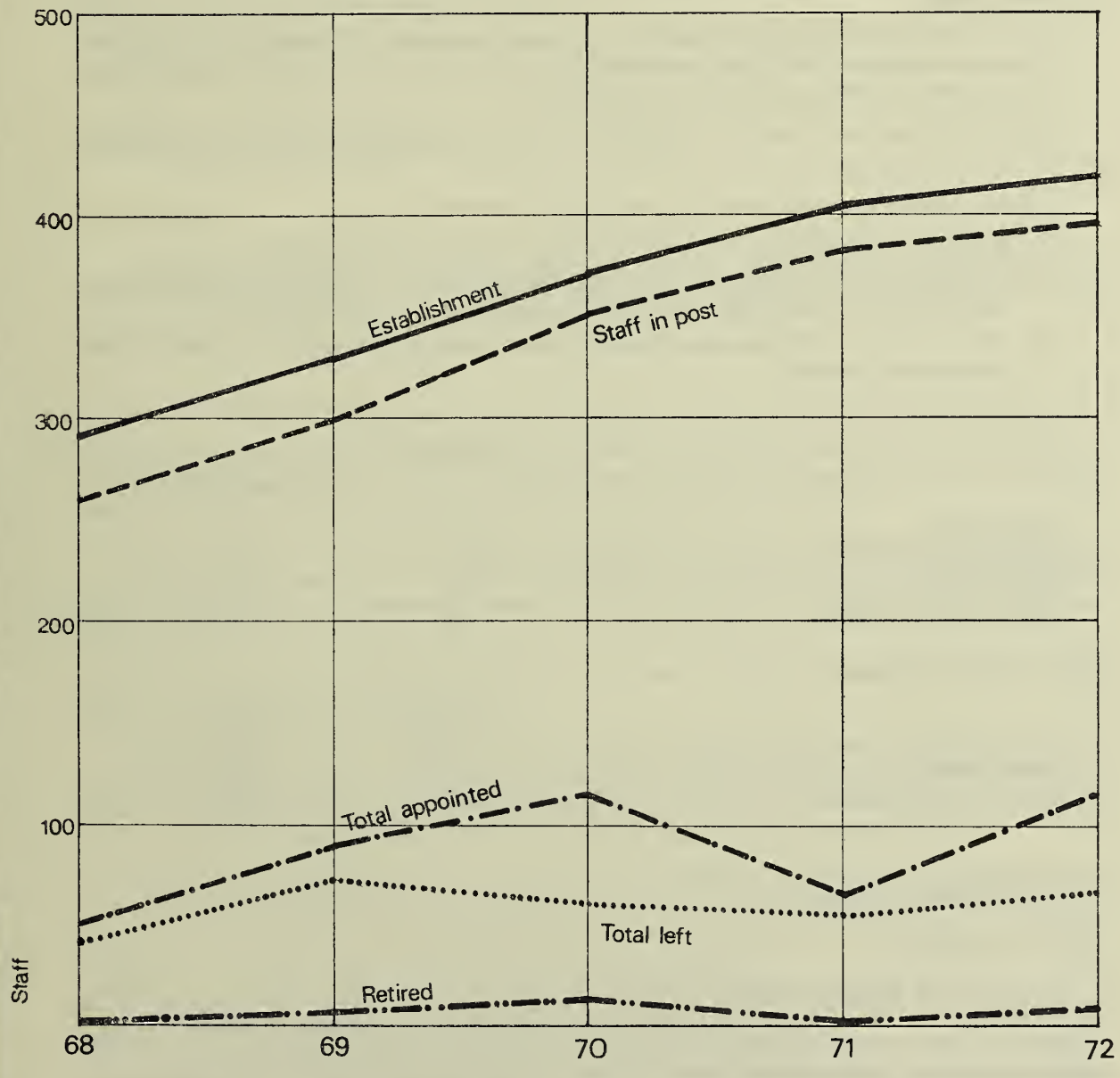
In 1967 the health visiting service was seriously under-established and under-recruited, with a ratio of health visitors to population of 1:8,100, well below the national average of 1:6,666. Implementation of the recommendations then agreed has led to a satisfactory increase in staffing levels. This has allowed for development of work in all its aspects and the staff ratio of 1:3,988 is now much better than the national average of 1:6,250 as estimated by the Department of Health and Social Security for 31st December 1972.

Similar improvements have taken place over the intervening years for home nursing and midwifery, the ratio of staff to population having increased from 1:7,140 in 1965 to 1:2,695 in 1972.

In considering increases in establishment and staffing ratios, the recommendations of the Department of Health and Social Security in cicular 13/72 must be considered. The Department's circular contained guidance on improved efficiency in the local health services and deployment of nursing staff

Total Staffing Position of the Nursing Service.

AT 31st DECEMBER FOR THE FIVE YEAR PERIOD 1968—72



following a series of regional conferences arranged by the Secretary of State and his ministerial colleagues during 1971. The norms of good practice for planning nursing services in preparation for integration of the National Health Service in 1974 included a general yardstick for ratios of nursing staff to population as follows:—

(a) **Health visiting** (excluding school nursing)

1 health visitor to 4,600 population approximately. A ratio of one health visitor to 3,000 population may be desirable in areas where there is a highly developed system of attachment to general practice or with high immigrant populations.

(b) **Home nursing**

1 home nurse to 4,000 population might, on average, be adequate, but where there are extensive attachment schemes or with a high proportion of elderly and/or disabled people in the population, 1 home nurse to 2,500 population may be indicated.

Guidance on midwifery ratios is limited, but in Buckinghamshire the present establishment is inclusive of midwifery, home nursing and auxiliary staff.

It is also necessary to take account of other factors, for example:—

(i) Fieldwork and practical work instructors need to have a reduced case load.

(ii) Development of service and other responsibilities, such as hospital liaison, alter the traditional work pattern and time usage, and reduction of case loads may be necessary.

(iii) The constantly increasing population and forward-looking health policies in Milton Keynes make special demands.

The following table gives the staffing position at 31st December 1972:—

	Establishment	*In post (whole time equivalent)*
Management	28	26
Nurses and midwives	222	214
Health visitors	150	136.5
Health service assistants	39	39

Ratio of staff to population:

	Establishment	*In post*
Nurses and midwives	1: 2,695	1: 2,795
Health visitors	1: 3,988	1: 4,399
Health service assistants	1: 15,340	1: 15,340

7. Education and training

(a) HEALTH VISITING

At the end of the year 24 student health visitors were in training under the County Council's sponsorship scheme. The health visitor training course at Milton Keynes College of Education opened in September. This is the first time in this country that a health visitor training course has been run in a college of education. Close working relationships have already developed between the course tutor, Mrs. M. Klinger and the staff of the county nursing service wish success to the college, the course and the students.

Fieldwork instructors participated in training students from Milton Keynes College of Education, Chiswick Polytechnic, Oxford Polytechnic and Reading College of Technology. To help fill the increasing demand for placement, ten health visitors completed courses to qualify them as fieldwork instructors and three are currently attending such courses.

(b) Home nursing

Two district nurse training courses consisting of twelve weeks theory and practice were held during the year. The courses were attended by 24 students, all from the county, and all were successful in gaining the National District Nursing Certificate.

A further four members of staff were seconded for district nurse training in Oxford, Reading and Northampton.

Eight experienced members of the district nursing staff undertook courses in preparation to become practical work instructors.

(c) Midwifery

Domiciliary experience was provided for 43 pupil midwives from the Shrubbery Maternity Home, High Wycombe, Amersham General Hospital and Upton Hospital, Slough. Programmes for these students included a variety of visits of observation and project work.

(d) In-service education

Whenever possible, each educational programme has included district nursing, midwifery and health visiting staff in order to foster the nursing team concept. This change has been welcomed and opportunities have also been made to strengthen training links with hospitals.

For some years, health visitors have had the opportunity to attend a two-day in-service course and in 1972 this was extended to district nursing and midwifery staff. Two similar two-day courses were held in January and February at Missenden Abbey on "The team approach to community care", each being attended by about 70 members of staff.

In March a two-day course entitled "The middle years" was held at Green Park youth training centre for about 60 health visitors.

The first of three similar two-day courses was held at Missenden Abbey in November and was attended by about 70 members of the district nursing, midwifery and health visiting staff. The course, entitled "1974—what's it all about", was designed to prepare staff for the reorganisation of the National Health Service. Two nursing representatives from the hospital field were invited to attend.

A two-day appreciation course for health visitors and midwives in family planning, arranged by the Family Planning Association, was approved and financed by the Department of Health and Social Security. The first such course in Buckinghamshire was attended by 45 nurses and midwives in July and was held at the Lovelock-Jones School of Nursing, High Wycombe.

Two study days for health service assistants were held in Aylesbury and High Wycombe and were also attended by school matrons employed by the Education Department.

All babies have a screening test of hearing at the age of seven to nine months. In October, 51 health visitors and health service assistants attended a course on "Early detection of hearing loss in young children" to equip them to carry out these tests.

In November, Mrs. Montgomery gave another two-day course for midwives and health visitors on "Modern developments in education for childbearing". Places were offered to and taken up by midwives from each of the hospital groups in the county and excellent facilities at Tindal General Hospital were provided for this course.

An eight-week day release course at St. John's Hospital, Stone was attended by four health visitors and four district nursing sisters. It was agreed that the knowledge and understanding of mental illness thus gained would be of great benefit in their work. It is hoped to extend this in 1973.

Many staff who are available for emergency call out under the major incident plan have asked for some training in emergency first aid and resuscitation. This is being arranged with the co-operation of the county ambulance service and the first group of staff has received instruction.

As a result of attachment of nursing staff to general practices, district nursing staff are being asked to perform new procedures and techniques. During the year, some of the district nursing staff have received training at Stoke Mandeville Hospital in E.C.G. and venepuncture techniques.

Instruction in immunisation procedures is given to many staff by the area medical officers.

In order to keep staff up to date with current local trends speakers have been arranged at some of the monthly staff meetings at area level.

(e) Management

The Director of Nursing Services and one divisional nursing officer attended top management courses and one area nursing officer attended a middle management course.

Two first line management courses were again arranged in conjunction with the Aylesbury College of Further Education. The help and enthusiasm of Mr. D. J. Cairns and his colleagues in the Department of Business and Management Studies at the college contributed greatly to the success of the courses. They are designed to provide training in management for community nurses to support the skills and knowledge they already have. Thirty-two members of the Buckinghamshire nursing staff and 16 from other authorities attended.

(f) Student nurses

(i) *Students taking the* 1969 *Syllabus*

A group of seven student nurses from Wexham Park Hospital undertook the first six weeks programme of community nursing experience in April/May 1972. The course aims to give students an understanding of the concept of continuing family care and the importance of health teaching and prevention of ill-health.

Students observed different aspects of the work of a district nursing sister, district midwife and health visitor working in team attachment to general practice and participated themselves whenever possible. Visits were also arranged to broaden their knowledge of other services available in the community. Weekly study days provided a theoretical background for the practical experience and reinforced previous knowledge. Lectures were given by Health Department staff and other specialists.

Students enjoyed and benefited from the course and fourteen students from Wexham Park Hospital, the Canadian Red Cross Memorial Hospital, Wycombe General Hospital and Stoke Mandeville Hospital attended the second programme in September to November 1972. Arrangements were slightly amended and improved in the light of experience and the tutors were pleased with the progress made by the students and with the standard of case studies written during the course.

Also in April, 1972 the first group of four student nurses from St. George's Hospital London started a six week period of community nursing experience. Four groups of students have so far spent six weeks in Buckinghamshire, returning to hospital for their weekly study day.

(ii) *Others*

The community nursing staff continued to contribute to the education of all student and pupil nurses in the county taking courses to qualify them as State Registered Nurse, Registered Mental Nurse or State Enrolled Nurse. Lectures by nursing officers are followed by one or more days with community nursing staff seeing something of their work, and group discussion of what has been seen.

Student nurses taking an integrated course of nurse education at Hillingdon Hospital and Chiswick Polytechnic spend a week with a health visitor during their first, second and third years, twelve of these students took this part of their training in the county during the year.

An obstetric course was recommenced at the Royal Buckinghamshire Hospital in December and included a programme of visits with community nursing staff.

During their two weeks visit to Buckinghamshire to see something of the community services, medical students from the Royal Free Hospital spend one and a half days with the nursing services.

Other visitors and students coming to Buckinghamshire are shown something of the work in health centres and various aspects of the nursing service according to their needs and interests.

8. Special items

(a) Link with nursing groups

Monthly meetings have continued at Pebble Lane Clinic, Aylesbury for the well established group in this area. Membership now totals 25 and the average attendance is 16.

Prior to the opening of the health visitor training school in Milton Keynes, a coffee evening for State Registered Nurses was held at Whalley Drive Health Clinic, Bletchley, and sixty interested nurses attended. Dr. K. W. S. Garwood, Principal of the Milton Keynes College of Education and Miss H. Williams, Professional Advisor to the Council for the Education and Training of Health Visitors spoke to the group and their interest was much appreciated. Following this, it was decided to develop a series of study evenings for nurses wishing to keep in touch with nursing matters and with nursing colleagues. These nurses are currently not in nursing employment, either because of family commitments or because they are unable to find suitable nursing employment in the area. Three successful evenings have been held since June.

A similar group has been formed in Slough with a total of 20 members and a link with nursing group got off to a promising start in High Wycombe in December.

(b) Quarrendon mothers group

During the year this group has continued to meet in Aylesbury. The average attendance is thirteen mothers and twenty children. Continuing support to these families with social needs is given by the health visitors.

(c) Aylesbury slimming class

This class meets regularly each week combining a programme of group therapy, exercises, music, talks and films. The current membership includes four girls, who attend with their mothers, and twenty

four adults. In the nine months since the club began, 12 members have succeeded in reaching their target weight. The successful "Slimfit Club" continued to operate at Bletchley.

(d) Male nurse rota scheme

The district charge nurses in the Wycombe division adopted a scheme in September to provide an emergency catheter service from 6.00 p.m. to 6.00 a.m. The ambulance station holds the rota and notifies the charge nurse on call of any patient needing his services. Up to the end of the year a total of seven night visits were paid at the request of patients and/or general practitioners for this necessary nursing procedure.

(e) Major incident call-out

Over 20 members of the nursing staff responded immediately to a call to the scene of a multiple accident on the M.1 near Aspley Guise on the borders of the county in March. By the time they reached the scene, little help was needed but the nurses were able to give comfort and re-assurance to the uninjured travellers. Several useful lessons were learned which may help to improve the system for future occasions.

(f) Visit of the secretary of state

In July, Sir Keith Joseph with nursing officers from the Department of Health and Social Security, met groups of nurses from the county nursing service, Aylesbury and Wycombe groups of Hospitals and Renny Lodge, in the Judges' Lodgings, County Hall. It was most rewarding for field staff to have the opportunity of telling the Secretary of State about their work and the problems encountered in providing nursing care and his interest and understanding was apparent.

9. Milton Keynes

The Milton Keynes nursing services working group has continued to meet regularly throughout 1972. Working papers have been prepared on occupational health nursing, psychiatric nursing, and housing needs for nursing staff in Milton Keynes. The group has also studied and commented on the Milton Keynes Maternity Study.

In May, the Milton Keynes nursing services working group arranged a day conference "A nurse for Milton Keynes" at the Wilton Hall, Bletchley. A mixed audience of 200 nurses, doctors and other interested guests was introduced by the speakers to the plans for the health services for Milton Keynes with a particular emphasis on the nursing services and experimental integrated schemes already in operation. The conference received national and local press coverage and a leaflet prepared for the conference entitled "A nurse for Milton Keynes" was widely distributed. This is still in use for recruitment purposes. The cost of the conference was shared between Buckinghamshire County Council, the Milton Keynes Development Corporation and the Oxford Regional Hospital Board.

A procedure to ensure that the incoming population is aware of the health services available to them is progressing satisfactorily. A state registered nurse, employed to assist the health visitors, visits all families moving into the new Galley Hill Estate, Stony Stratford. She informs them of the services available to them and advises them to register with a general practitioner of their choice. Close liaison is maintained with the community development officers of the Milton Keynes Development Corporation.

10. Marie Curie service

Patients and their families have continued to benefit from this service which is administered by the area nursing officers in each area. A total of thirty nine patients received help and the expenditure for 1972 was £2,154.

An example of the excellent service given is provided by the tragic case of a young man nursed by two of the Marie Curie nurses for three weeks, thus enabling him to die in his own home as he and his family wished.

11. Equipment

Although transport problems have, on occasion, delayed delivery of other equipment, the service providing ripple beds has been excellent. The issue of equipment on loan is referred to in more detail on page 52.

During the year all midwives were using Entonox anaesthesia, Trilene having been completely withdrawn.

Negotiations were completed in the South Bucks division to provide a central sterile supply service in co-operation with Wexham Park Hospital and this is due to commence in 1973. Consequently the "Kingfisher" nursing bag has been tried out by the district nursing sisters with a view to assessing its suitability for use with the new packs. The Hampshire dressing aid is also on trial.

Again, in the south of the county, the St. John Ambulance Brigade is giving especially valuable service with the storage and provision of medical aid loan equipment.

12. Registration and inspection of nursing homes and agencies

During the year, the responsibility for the regular inspection of the nine registered nursing homes and the two registered nurses agencies was placed on the area nursing officers who deal directly with the principal medical officer responsible. Satisfactory standards appear to have been maintained.

Application has been made for the approval of the Gables Nursing Home Aylesbury under the Abortion Act, 1967.

No new homes were registered during 1972 and all of those existing at the beginning of the year remain open. At 31st December, therefore, there were still nine registered homes in the county, as follows:—

Address	*Type*
The Gables, 123 Wendover Road, Aylesbury	Aged and infirm minor surgical
St. Joseph's, Candlemas Lane, Beaconsfield	Maternity, acute surgical, minor surgical, medical, convalescent, aged and infirm
Rosslyn, 46 Ledborough Lane, Beaconsfield	Minor surgical, medical, convalescent, aged and infirm

West Farm, Emberton	Maternity
Withyfield, Green Lane, Farnham Common	Convalescent, aged and infirm
White House, North Park, Gerrards Cross	Medical convalescent, aged and infirm
*The Nuffield Nursing Home, Wexham Street, Slough	Acure surgical, minor surgical, medical, maternity (termination of pregnancy only)
Tyringham Clinic and Institute of Natural Healing, Tyringham House, Tyringham	Medical, convalescent
Oaklands, 60 Station Road, Woburn Sands	Convalescent aged and infirm

* Approved by the Department of Health and Social Security in connection with Section 1 (iii) of the Abortion Act, 1967.

13. Statistics

Home nursing

Place where first treatment during year by the home nurse took place.

	Patients under 5 years	*Patients 5 to 64 years*	*Patients aged 65 and over*
Patient's home	1,104	7,243	12,160
Health centre	1,593	5,694	458
G.P.'s premises	4,499	18,656	3,589
Maternity and child health centres ..	27	17	—
Residential homes	10	90	226
Elsewhere..	15	139	66
Total..	7,248	31,839	16,499

Midwifery

Domiciliary confinements attended by midwife		460
Hospital confinements attended by midwife		595
Number of cases delivered in hospital and discharged within:—		
2 days	1,200	
3-7 days	3,623	
8 or more days ..	1,103	
	——	5,926

Visits during puerperium	41,400
Home ante-natal visits	11,221
Ante-natal home assessments	4,870

DOMICILIARY PSYCHIATRIC NURSING FOR THE ELDERLY

Number of patients seen	
Under 65 years	54
65-80 years	329
Over 80 years	150
Total	533
Number of visits to patients	
Home visits	4,366
Visits to welfare homes	324
Visits to hospitals	723
Total	5,413
Liaison visits	
To general practitioners	304
To district nursing/health visiting staff	329
To social workers	66
To welfare homes	158
To hospitals	242
To others	17
Total	1,116
New referrals	
From general practitioners	152
From hospital	61
Following domiciliary visit by consultant	35
From health visitors	48
From district nursing sister/charge nurse	8
From social worker	14
From others	8
Total	326

OTHER ITEMS RELATING TO HOME NURSING AND MIDWIFERY

Sessions in surgery or health centre	
Nursing treatment	9,751
Ante-natal and post-natal	4,640
Cytology and gynaecology	1,039
Other sessions	1,049

Teaching sessions

Ante-natal classes	764
Pupil midwife tutorials	215
Student district nurse tutorials	175
Other	86

HEALTH VISITING

Persons or households visited during year

Children born during year	9,651
Other children aged under 5	34,264
Persons aged between 5 and 16	5,528
Persons aged between 17 and 64	8,712
Persons aged 65 and over	8,461
Households visited on account of tuberculosis	772
Households visited on account of other infectious disease	237
Households visited for any other reason	2,968
Total	70,593

Number of patients included in "Persons visited" who are:—

Mentally handicapped	540
Mentally ill	783

Health education sessions

At health centres	428
At G.P.'s premises (excluding health centres)	280
At maternity and child health centres	824
At school	848
In hospital	205
Elsewhere	1,019
Total	3,604

Case conferences

Case conferences attended by health visitors with

Social workers	733
Hospital staff	503
General practitioners	1,578
Any combination of the above	267
Others	562

HEALTH SERVICE ASSISTANTS

Details of hearing tests

Number of screening tests	(a) performed	4,662
	(b) assisted	2,419
Number of audiometry tests	(a) threshold	2,571
	(b) sweep	9,972

Details of home visiting work

Children born during year	985
Children born during previous 5 years	5,271
Visits to expectant mothers	87
Aged 65 and over	11,010
Number of T.B. households visited	167
Visits to schoolchildren	2,984
First visits to notified immigrants	293
Other visits to immigrants	216
All others visited	902

The statistics required of all nursing staff in 1972 do not correspond entirely with those requested in previous years. This is due to the fact that the forms were re-designed to obtain the statistics required by the Department of Health and Social Security and also in the interests of reducing clerical work. Details of any particular aspect of work undertaken can be obtained by separate study when required.

The volume of work by district nursing staff in terms of individual patients treated at home has risen from 16,027 in 1971 to 20,507 in 1972. The number of nursing treatment sessions held in 1971 was 6,784 and in 1972 9,751. This demonstrates an increase of 43%, a most significant expansion of the volume of work undertaken.

The work with children under 5 years of age has more than doubled and of the 34,489 patients treated in health centres or general practitioner premises, 6,092 were in this age group. These statistics are supported by the fact that nursing staff have commented upon the pleasure they have in using their skills increasingly for the benefit of children and their parents.

Nursing staff have again contributed to the care of residents in registered homes for the elderly and a total of 226 patients were nursed. A grand total of 55,586 patients received nursing care during the year.

The total visits by domiciliary midwifery sisters during the puerperium decreased by 2,983 compared with last year but the number of domiciliary deliveries also fell by 299. The number of cases delivered in hospital and discharged early in the puerperium increased.

The domiciliary psychiatric nurses for the elderly visited a total of 533 patients during the year. New referrals numbered 326, of which 208 were referred by general practitioners or community nursing staff. This demonstrates the value of the psychiatric nurse in the community nursing team, working in attachment to general practice.

The most significant work increase demonstrated by the health visiting statistics is in the number of adults seen including those over 65 years. In 1971 the number visited totalled 12,124, while in 1972, 17,173 were seen, an increase of 41%. It is most satisfactory to report a total of 70,173 persons assisted by health visitors.

Participation by health visitors in health education programmes continued to increase and for the first time attendance at case conferences was specifically recorded.

The valuable work carried out by health service assistants in support of the health visitors continues, especially in school nursing and visits to the elderly.

14. Provision of nursing equipment on loan

The trend noted in 1970 and 1971, of increasing numbers of referrals by nursing staff continued in 1972, with a 47% increase on the 1971 figures. It will be noted that the total number of issues was 31% above that of 1971.

The large increase in the issue of walking aids, wheelchairs, commodes, bed cradles and backrests and in particular ripple beds, again reflects the earlier discharges from hospital and increased home nursing care. Last year comment was made on the rapidly increasing use of ripple beds. These beds were first used in 1970 when 23 issues were made; the figure for 1972 is 119.

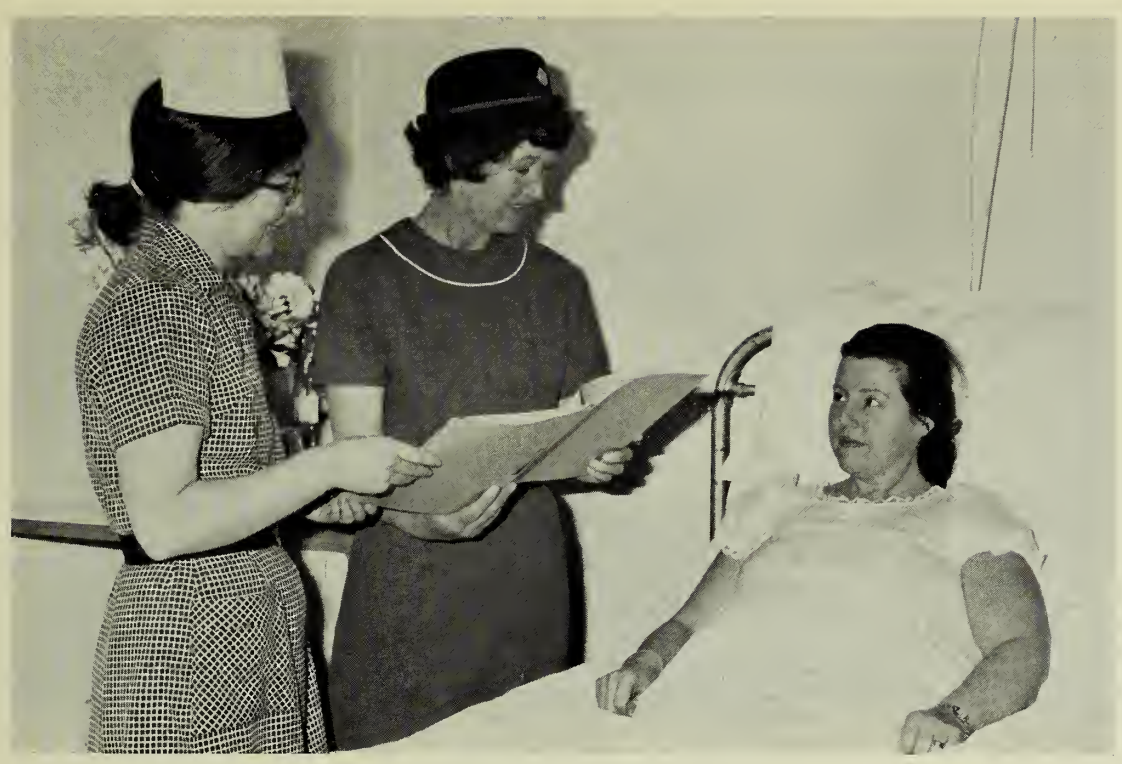
As a matter of interest the issues for 1967 have been included in this report. These figures clearly indicate the rapid expansion of this service over the past five years.

The following table shows details of aids issued during the year:—

	1972	1971	1967
Walking aids	519	402	218
Commodes	263	202	145
Wheelchairs	256	217	142
Ripple beds (hired)	115	46	—
Ripple beds (purchased)	4	11	—
Backrests	79	38	16
Bedcradles	69	40	23
Drawsheets	54	56	—
Lifting poles and chains	45	38	32
Hoists and attachments	44	31	21
Air and sorbo rings	43	33	19
Beds and mattresses	37	36	39
Fracture boards	36	17	10
Inflatable toilet seats	18	19	6
Rubber sheeting (in lengths)	14	19	14
Mattresses only	9	9	14
Beds only	2	3	—
Total	1,607	1,221	699

The sources of referral were as follows:—

District nurses	584	413	243
Health visitors	515	334	181
Occupational therapists	289	157	—
Medical social workers (hospitals)	159	163	108
Social workers	60	143	179
Total	1,607	1,210	711



HOSPITAL LIAISON
Ward sister and district nursing sister discuss patient care as part of a scheme for interchange of staff

NURSE TRAINING
Student nurse visits with domiciliary midwife

HADDENHAM HEALTH CENTRE

HOME DIALYSIS
Installation of a portable unit to allow renal dialysis at home

By courtesy of the Bucks Free Press

THE SUPPLEMENTARY PROFESSIONS

1. Chiropody

(a) General

Loss of mobility due to foot trouble may be a contributory cause of an elderly or handicapped person's need for residential care. The value of chiropodial treatment is therefore not only measured in humanitarian terms, but also in terms of economics. A survey financed by the then Ministry of Health in 1966 suggested that as many as nine tenths of the adults in this country have something wrong with their feet and a similar number of adolescents had some type of foot trouble. It is easy to understand, therefore, why the demands on the chiropody service continue to increase and the graph on page 00 gives an indication of the extent of this increase in the last decade. It appears that this rate of expansion will have to be maintained, if not increased, for many years to come before a truly comprehensive chiropody service can be provided.

A brief glance at shoe fashions, particularly in ladies' shoes, will help to identify the cause of many foot ills. Shoes are really only worn as protection for the feet. However, far too often the shoe shape bears very little relationship to the foot itself. Fashions see-saw in the shape of the toe-box from a "point" to a "square" and the height of the heel from nothing to six inches. This, coupled with the fact that too many shoe retailers care only about selling shoes and do not attempt to provide a fitting service, makes it easy to understand why so many people suffer from foot troubles.

(b) Growth of the service

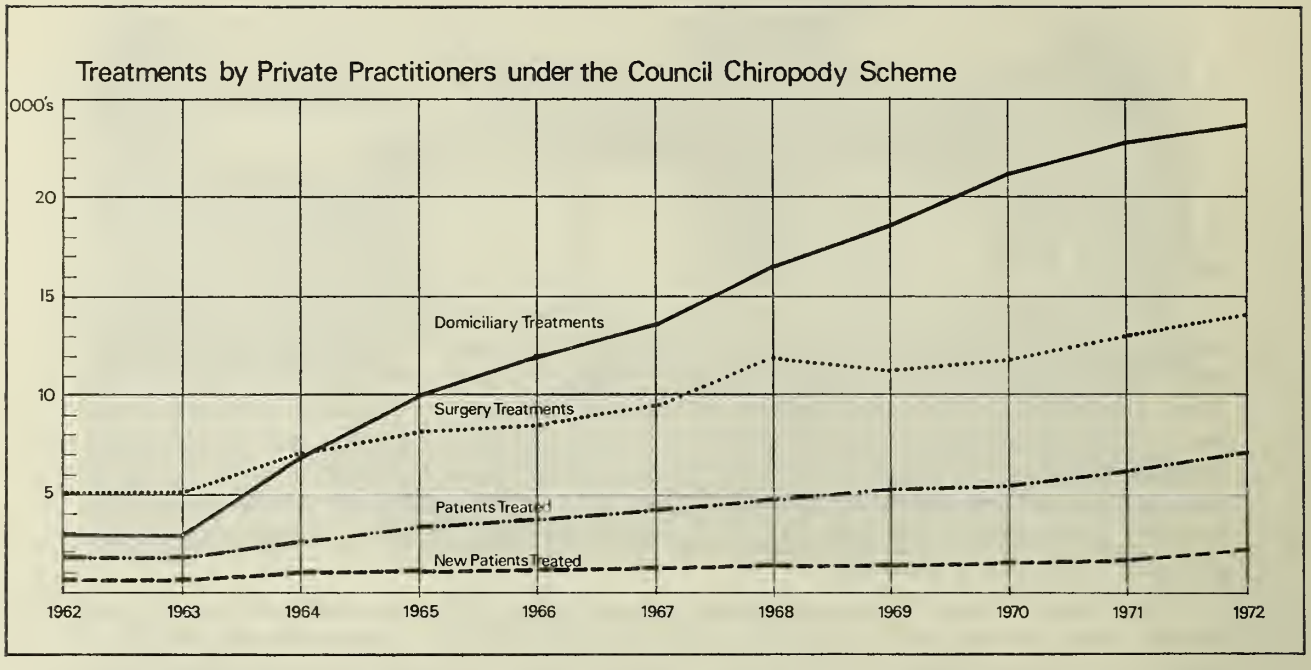
A direct chiropody service was operated for the first time in Buckinghamshire in 1962. Free treatment was then provided for those pensioners in receipt of a supplementary allowance, registered blind people, expectant mothers and certain physically handicapped persons. By 1972 the categories eligible for free treatment had been extended to include all physically and mentally handicapped persons and those suffering from diabetes as well as people registered as partially sighted.

Some patients who qualify for treatment under the Council's arrangements are still dealt with in the surgeries of private practitioners eligible to provide treatment in accordance with the requirements of the Department of Health and Social Security. Home visits may be authorised for those patients confined to the house and garden.

(c) Statistics

The following table shows the considerably improved cover given in 1972 as compared with 1962.

	1972	1962
Number of persons treated	7,681	1,672
Number of new patients	1,853	721
Treatments given at chiropodists surgeries	14,041	5,090
Treatments given at patients' homes	23,898	2,913
Number of dressings (full treatment not given)	323	90
Number of chiropodists employed at 31st December		
whole time	5	Nil
under contract	64	36



Full-time staff, apart from their work in schools which is referred to in more detail on page 113, also provide treatment for residents in the Council's welfare homes and hostels. During the year 4,629 treatments were given in these homes. A total of 843 treatments was also given to patients attending the training units.

(d) Staffing

Day to day administration and liaison with the private practitioners is the responsibility of the County Chiropodist. He is assisted by an area chiropodist in each of the health areas, who is responsible for organising treatments in his own area as well as taking part in an expanding foot health education programme.

(e) Future of the service

During the year treatment has been made available at Britwell Clinic, Slough, and Winslow Health Centre. Experience at Winslow has confirmed the opinion that chiropody will be an essential part of health centre development especially in view of the fact that there are now fewer private practices in the county. If the best use is to be made of available resources it is vital that suitable surgery facilities should be provided in the design of future health centres.

In the light of the national shortage of qualified chiropodists, it is particularly important to make the best possible use of the available professional manpower. To this end consideration will need to be given to transporting patients into health centres for treatment. This is already being done successfully in Winslow, where the hospital car service is bringing patients to the centre. Many of these patients previously qualified for domiciliary treatment. A survey carried out in the Wendover area in October indicated that the great majority of the present domiciliary patients would be able to attend a health centre given suitable transport and assistance.

Plans to provide a mobile unit for areas where there is no chiropodist or health centre available are now well in hand and the first mobile unit should become operational during the first half of 1973.

2. Occupational therapy

(a) Introduction

The Head Occupational Therapist's function is to co-ordinate the service in accordance with county policy, investigate areas of need, advise the forward planning unit of service requirements and identify recruitment and training needs.

The occupational therapy service in the county is undertaken from four centres, one based in each health area. Each centre is managed by an area occupational therapist with the exception of the centre in Aylesbury which is under the management of the deputy head occupational therapist.

Area occupational therapists are responsible to the Head Occupational Therapist in professional matters and the Area Medical Officer regarding the area administration. Each area occupational therapist has a staff of two therapists and one trade technician, together with craft teachers and secretarial assistance.

Since the formation of the service in 1949 the needs have changed radically. The original purpose of the service was to provide meaningful occupation for the tuberculous homebound whose average age was low. In 1950, 170 patients were in receipt of treatment, 66% of whom were referrals from chest clinics. In contrast only ten referrals came from this source in 1972. Today approximately 40% of men and 60% of women receiving treatment are over the age of 65 years and the principal disabling conditions are diseases of bones and organs of movement and diseases of the central nervous system. (See Table I).

Table I. Primary disabilities of patients referred for occupational therapy

	1972	1971	1970
Diseases of bones and organs of movement	716	556	360
Diseases of the nervous system	421	487	392
Psychiatric, psychoneurotic and personality disorders	80	137	93
Diseases of the circulatory system	139	110	99
Diseases of the respiratory system	68	65	58
Senility and ill defined conditions	77	50	34
Amputations	47	36	33
Allergic, endocrine, metabolic and emotional disorders	30	35	20
Neoplasms	37	29	20
Disorders of the sense organs	23	29	18
Injuries	13	19	11
Congenital malformations	27	18	16
Diseases of the genito-urinary system	10	15	4
Infective and parasitic diseases	9	10	12
Diseases of the digestive system	16	13	10
Diseases of the blood and blood forming organs	5	10	4
Diseases of the skin and cellular tissue	3	3	2
Total	1,721	1,622	1,186

The demands on the service are changing rapidly and for this reason planning requirements must remain flexible. The report of the Remedial Professions Committee of the Council for the Professions Supplementary to Medicine (the Oddie Report 1970) includes the following comment on this situation:—

"... the roles of these professions (occupational therapists, physiotherapists and remedial gymnasts) are undergoing considerable change in the field of clinical medicine, and their function, particularly in assessment and rehabilitation, calls for frequent review . . . these changes are creating new relationships both between the three professions and also with other members of the clinical rehabilitation teams. They must recognise and welcome the need for change, but only if it is directed to achieving better patient care . . . administrative integration itself would not be justified. The changing pattern of care must be anticipated by the remedial professions. The function of the new district general hospital, the integration of the psychiatric and general hospitals, the expansion of day hospitals and the closer integration of the hospital and community health services will all have an effect on the future work of the professions."

(b) General

The new demands on the occupational therapist in the community health field are having a profound effect on thinking and practice in the service. Changing one's role is not an easy task, as not only do practitioners tend to establish a pattern of service over the years which may be difficult to change, but the expectations of those who look for service are also well established. The acute shortage of professionally trained staff has not made planning easy and new demands created in recent years through new legislation have made the need for change more urgent.

The change in the pattern of disability has demanded a re-assessment of professional practice, and the wider recognition of rehabilitation in the community has added impetus to this need. The centres in the past have met principally the needs for "sheltered" workshops in the county. However, they cannot continue to meet this need and fulfil an active rehabilitation role. This problem was recognised in the report of the Sub-Committee of the Standing Medical Advisory Committee on Rehabilitation and is further endorsed in the report of the Working Party for the Provision of Day Care Facilities in Milton Keynes.

The centres provide light industrial assembly tasks, craft work and, in some cases, aids to daily living (ADL) assessment facilities. The new centres planned for Aylesbury and High Wycombe will provide a full range of activities, including heavy and light workshops and art facilities, in addition to those mentioned above.

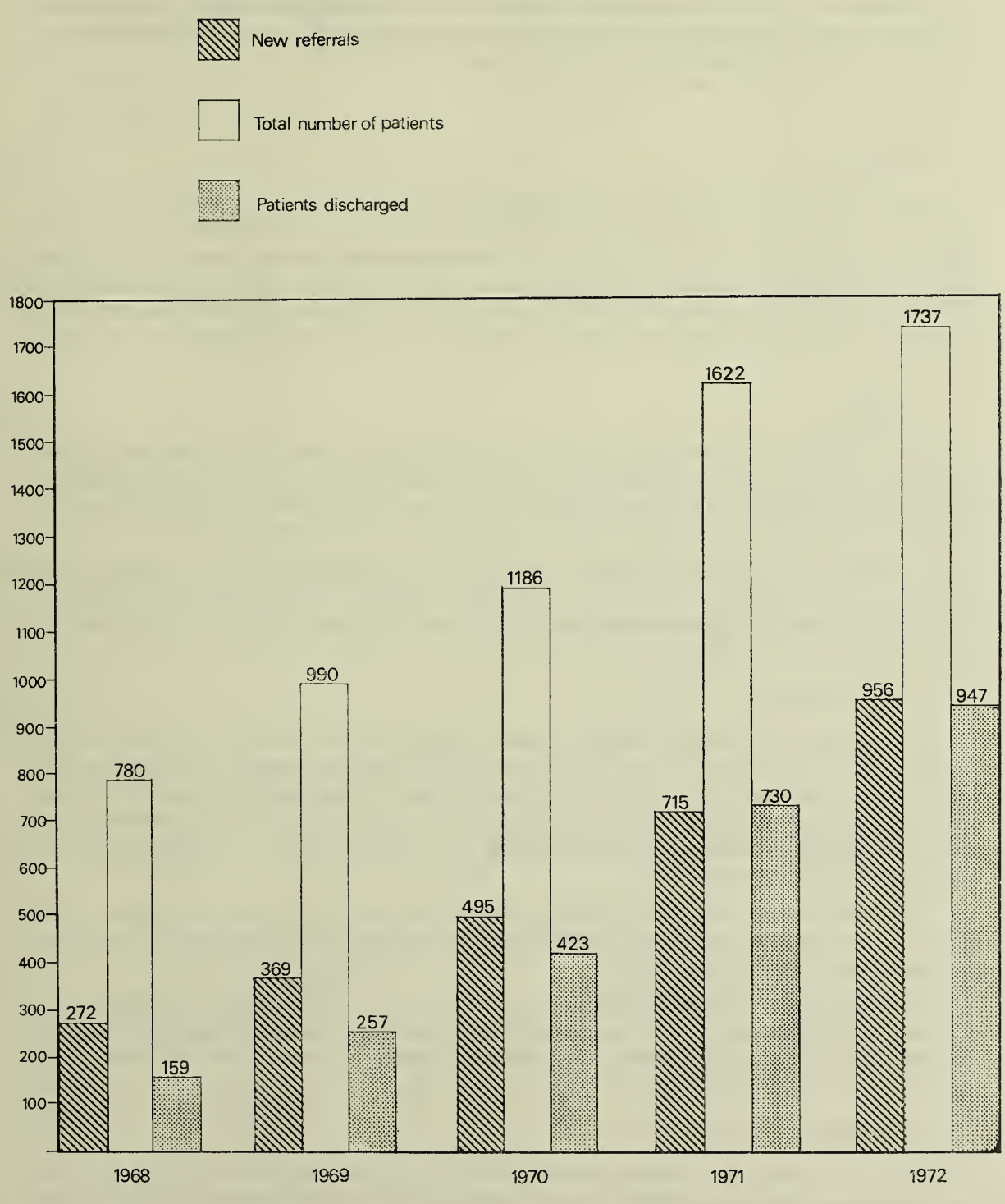
The number of places available in the occupational therapy centres in the county cannot meet the constant increase in demand for service from the chronic sick and permanently disabled persons in the community. Day care facilities are urgently required in which those who are unable to respond to further rehabilitation are able to obtain social contact and develop a meaningful pattern to daily living within the community despite the limits imposed by permanent disability or increasing age. Figure I shows the increasing number of new patients referred, the total number of patients receiving occupational therapy and the number of patients discharged during each of the past five years.

It has been possible to introduce field and centre work of a non-remedial nature to the craft teachers in the service. This has had three advantages, namely, reduced delay in visiting persons in their homes and increased interest for patients by contact with more people; created interest for craft teachers by the provision of more variety in their work; and delegated non-remedial duties to non-remedial staff.

Medical officers hold regular meetings with the occupational therapists for case conferences and to review patients' progress. Effective remedial work requires frequent assessment and review and prompt action if programming and momentum are to be directed to resettlement and independence. The absence of direct clinical support by a doctor at the centres in the past has meant these criteria have not been met, resulting in increasing dependence by those referred. Regular attendance at the centres by a medical officer has been invaluable in defining the needs of patients more precisely and attempting to

FIGURE I

Patients in receipt of occupational therapy



find appropriate placements for them. The occupational therapy assessment profile referred to in the report last year has completed field trials and with modifications is now in general use in the county. With the growing complexity of cases being treated it is proving to be a valuable tool.

Technician appointments have been made in all centres in the county. For the first time it has been possible to provide a comprehensive service for the installation of aids and appropriate modification in the homes of disabled persons with the minimum delay.

(c) Centres

(i) *Bletchley*

Building has started on the daily living assessment unit. This is an extension to the existing centre in Queensway and will be a valuable addition to the service in the area. It is hoped that this will be in operation in the spring of 1973. The number of new patients attending the centre was 30 (29); the total number of patients on the register at 31st December was 62 (52); the number of patients discharged from the centre was 20 (41); and the average daily attendance was 27 (27). The total number of domiciliary calls made in the area by occupational therapists was 1,563. The comparable figures for 1971 are shown in brackets.

(ii) *Aylesbury*

The centre in Walton Street continues to provide a comprehensive service for the area although new premises are urgently required. Problems relating to the siting of the new centre have caused some anxiety but the decision to provide new facilities on a site off Walton Road in the 1973/74 building programme should ensure that additional places and services are available during 1975.

The number of new patients attending the centre was 16 (9); the total number of patients on the register at 31st December was 54 (55); the total number of patients discharged from the centre was 17 (16); and the average daily attendance was 25 (28). The total number of domiciliary calls made by occupational therapists in the health area was 1,967.

(iii) *High Wycombe*

Until a full-time purpose-built centre is available in High Wycombe it will be difficult to provide an adequate level of service in the locality. It is unfortunate that, due to unforeseen developments, the building of the new centre has been delayed by twelve months. All staff are to be commended for the continued high level of service in the area, and the department is most grateful for the continued use of the premises at 84a Easton Street, High Wycombe and other assistance given by the High Wycombe and District Old People's Workshops.

The number of new patients attending the workshop has been 13 (23); the total number on the register at 31st December was 31 (38); patients discharged from the workshop numbered 20 (20); and the average daily attendance was 20 (18).

The pilot scheme introduced last year for the conveyance of patients by contract transport to the workshop in High Wycombe has not been extended, as no significant improvement has been shown in the quality of service provided. However, the transport of patients remains a serious problem in that it limits the periods for which the patients can be in the centres.

(iv) *Chesham*

Mrs. A. Finch resigned as Area Occupational Therapist during the year. She was largely responsible for the planning of the unit at 122 High Street, Chesham and for the excellent work in building it up.

FIGURE II

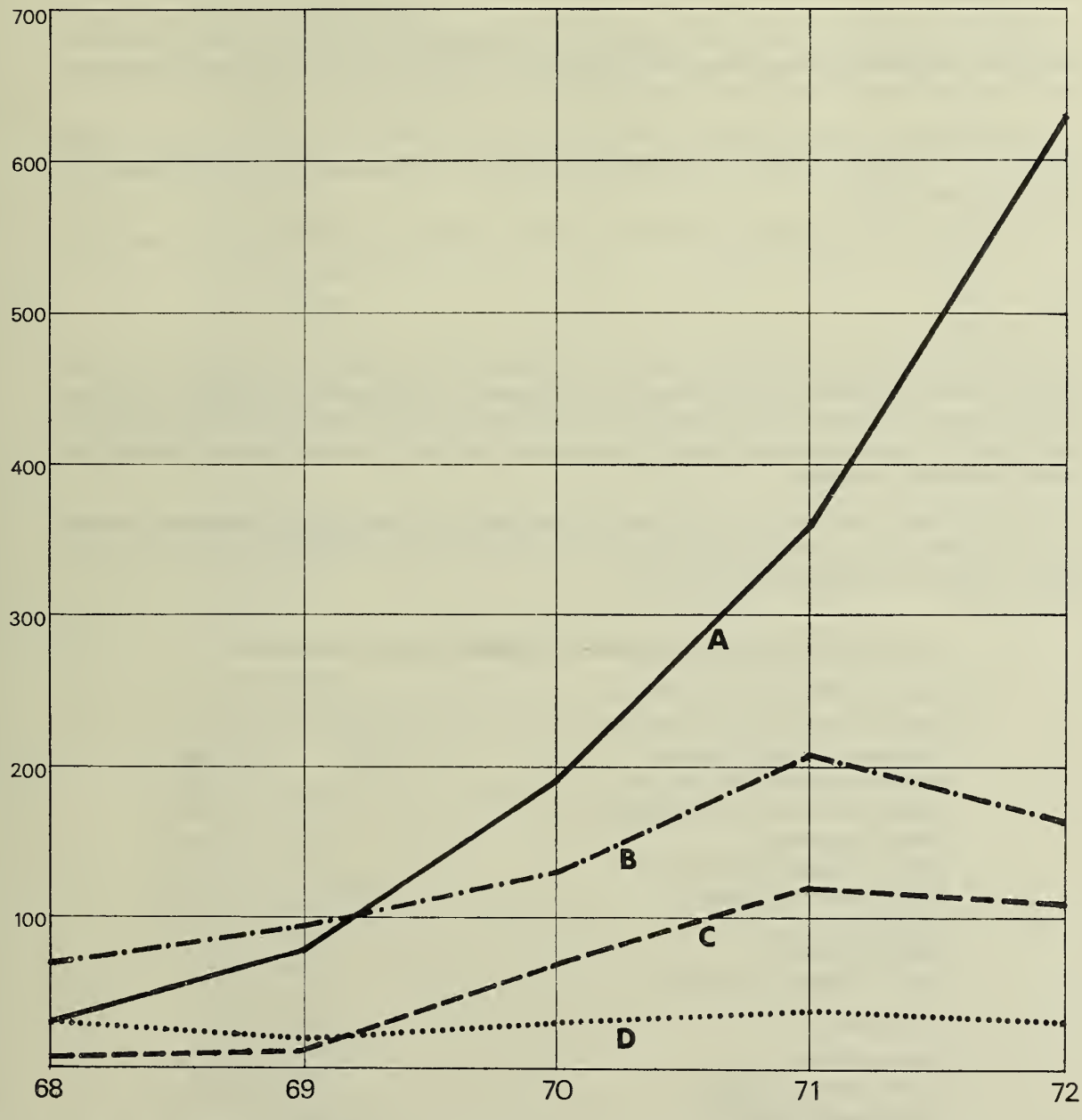
Classification of Patients on Discharge

A. Independence or Partial Independence in Household Duties

B. Death or Serious Deterioration or Admission to Residential Accommodation

C. Left the County and other reasons

D. Transferred to Employment or Training



The technician also left to transfer to the occupational therapy centre at Bletchley and in the absence of these important members of the team the remaining staff, who shouldered the additional burden of maintaining the service in the absence of replacements, have done an excellent job.

The number of new patients attending the centre was 32 (41); the total number on the register at 31st December was 68 (65); twenty-nine patients (17) were discharged during the year and the average daily attendance was 12 (16). The total number of domiciliary calls made by occupational therapists in the area was 4,695.

(v) *Slough*

The centre at Elliman Avenue has continued to provide satisfactory service in the area. Students of nursing and occupational therapy have attended the centre as part of their educational programmes and plans have been made to increase this important aspect of the work in the coming year.

Twenty-three new patients attended the centre during the year and a total of 60 were on the register at 31st December. Twenty-six patients were discharged from the centre and the average daily attendance was 23 (25).

The total number of domiciliary calls made by the occupational therapists in the area was 1,865.

(d) Statistics

Figure II shows the classification of patients on discharge from therapy. It is disappointing to note the small number of patients who are referred for employment or training. This is partly due to the lack of non-professional staff in the centres who can concentrate, under the instruction and supervision of the therapist, on the occupational needs of those referred and also to the acceleration in demand for occupational therapy services.

It can be seen, however, that the numbers who are able to maintain their independence through accurate assessment of need and the provision of aids continue to grow. Table II shows the items issued as aids to the disabled in their homes.

Table II. Aids to daily living issued to disabled persons in rehabilitation

1. *Washing, bathing and toilet aids*	
Non-slip mats (for use in the bath)	292
Bath seats and bath benches	281
Bath boards and sliding boards	264
Raised toilet seats and toilet frames	162
Shoe attachments	43
Bath rails (bath attachments)	18
Bath steps and platforms	16
Commodes	15
Bath head pillow	1
Battery operated tooth brush	1
2. *Dressing aids*	
Stocking gutters	34
Elastic shoe-laces (pairs)	24
Long-handled shoe horns	22
Long-handled combs	6

Dressing sticks	3
Long-handled brush	1
Long-handled sponge	1
3. *Feeding aids*	
Special or adapted cutlery	31
Suction egg-cups	13
Special cups and beakers	4
Non-slip table mats	5
Special dishes	2
Tilting teapot stands	2
Plastic drinking straws (pkts)	1
Plate buffer	1
4. *Pick-up and retrieving aids*	84
5. *Mobility aids*	
Handrails	618
Walking sticks	50
Ferrules	41
Bed block sets	21
Special chairs	21
Chair block sets	15
Ramps	8
Walking frames	6
Rope ladders	5
Ejector seats	5
Crutches	4
Spring poles	2
Chair platform	1
Posture cushion	1
Safety gate	1
Leg rest	1
Hoist strap	1
6. *Household aids*	
Tap turners and special tap handles	34
Adjustable tables	13
Trolleys	13
Long-handled dustpans and brushes	7
Tin-openers	6
Dycem mats	5
Screw top openers	6
Vegetable boards	3
Kettle tippers	2
Door locks	2
Alarm system	1
Food mixer	1
Light switch aid	1
Potato peeler	1
Window opener	1
7. *Miscellaneous items*	9

(e) Blind and partially sighted persons

(i) *Craft tuition*

In the past year it has been possible to investigate the extent of need in this field and to provide a comprehensive service in craft tuition. Classes have continued at Bletchley, Aylesbury, Great Missenden, High Wycombe and Slough, and the help and co-operation of the members of the Buckinghamshire Association for the Blind is greatly appreciated.

(ii) *Mobility training*

The demand on this service has increased. The total number referred for training was 29 (12). Nineteen blind persons are either currently in training or have completed training in the long cane technique, seven in short cane and three in the use of sonic equipment.

(f) Craft teachers for the elderly

During the year all the residential homes for the elderly have received regular visits from the craft teachers. A total of 1,406 visits were made while an additional 205 domiciliary calls were made by the teachers at the request of the therapists.

(g) Professional education and training

The changing demands on the service have increased the need for professional education and training. Staff have attended study days for the remedial professions organised by the Oxford Regional Hospital Board and have also attended a three-day conference on "The role of the domiciliary occupational therapist in the local authority." This was organised jointly by the Southern Provincial Training Council and the Wessex Regional Hospital Board. The Head Occupational Therapist was invited to present a paper at the conference on "The history and development of the occupational therapy service in Buckinghamshire." He was also invited, as a member of the Occupational Therapists Board, to discuss the future role of the profession with Sir Keith Joseph, Secretary of State, at a conference held in the summer at the Hospital Centre following the publication of the Tunbridge Report on rehabilitation.

The service continues to receive students of occupational therapy for practical training, and talks have been given by the staff to students of various disciplines within the health team.

Liaison continues to grow between the service and the occupational therapy departments of the local hospitals.

3. Physiotherapy

The number of treatments given by physiotherapists during 1972 again showed a small increase upon that for the previous year. The total number of treatments given to the residents of welfare homes amounted to 10,520 of which slightly over half were for arthritic and non-articular rheumatic conditions. Approximately 15% of treatments were for the effects of cerebro-vascular accidents, whilst a smaller number of orthopaedic conditions, fractures, organic neurological, bronchial, and other ailments were also treated.

Attention was especially directed to giving advice to residents and staff to explain and counter the physical difficulties of the elderly with a view to increasing their mobility and independence in daily living activities, thereby assisting the self-confidence and morale of the elderly handicapped.

The needs of the very fragile resident who would be unable to attend hospital departments were considered. For many patients, the provision of therapy in the comfort of welfare homes prevented travelling, waiting, and transfer from vehicles, which might otherwise have detracted from the benefits of treatment.

Co-operation was extended to the geriatric departments of local hospitals in the continuation of treatments and after-care of those residents discharged from hospital to the welfare homes. Where indicated, treatment was given in close association with other para-medical services in the community.

With increasing longevity in the population the role of the community health services in the care of the elderly becomes increasingly important. Simple advice and instruction by skilled physiotherapists can help to maintain many old people in their familiar environment.

AMBULANCE SERVICE

1. Development of the service

(a) General

It is now almost 25 years since local authorities became responsible for the ambulance service. Many advances have been made during this period, both in patient treatment and in the range of facilities available to the community. These changes have been reflected in the rapid growth of demands on the ambulance service and new techniques have been introduced to enable the service to meet its commitments with the minimum increase in manpower and vehicles.

Radio communication was introduced into the service in 1953 and had a marked effect in enabling increased numbers of patients to be conveyed with relatively small increases in resources, despite the reduction of the working week from 44 to 40 hours. This is illustrated by comparing the figures of 1953 with those of the current year:—

				Percentage increase			
Year	*Patients*	*Mileage*	*Miles per Patient*	*Patients*	*Mileage*	*Personnel*	*Vehicles*
1953	104,232	1,021,092	9·80				
1972	315,408	1,964,698	6·22	202%	92%	172%	78%

(b) Ambulance car service

In 1949 a car service operated in conjunction with the ambulance service but was discontinued in 1953.

In 1968 it was re-introduced, being entirely administered by the ambulance service, and has proved a most valuable asset, particularly in dealing with patients having long distances to travel with prolonged waiting times for treatment. It is hoped to expand this service in the near future.

(c) Ambulance training and equipment

The Millar Reports of 1966/67 made recommendations concerning the training of ambulance personnel and the equipment to be carried on various types of ambulance vehicles.

(i) *Training*

As from 1st July, 1970 all new entrants to the service have received a local one-week induction course. After a suitable period on operational duties, ambulance personnel are required to attend selected residential schools for a six week period of intensive training in all aspects of ambulance work. A proficiency certificate, issued by the Department of Health and Social Security, is awarded to those who qualify. This certificate remains in force for three years and the holder is required to attend a two week refresher course at the end of this period.

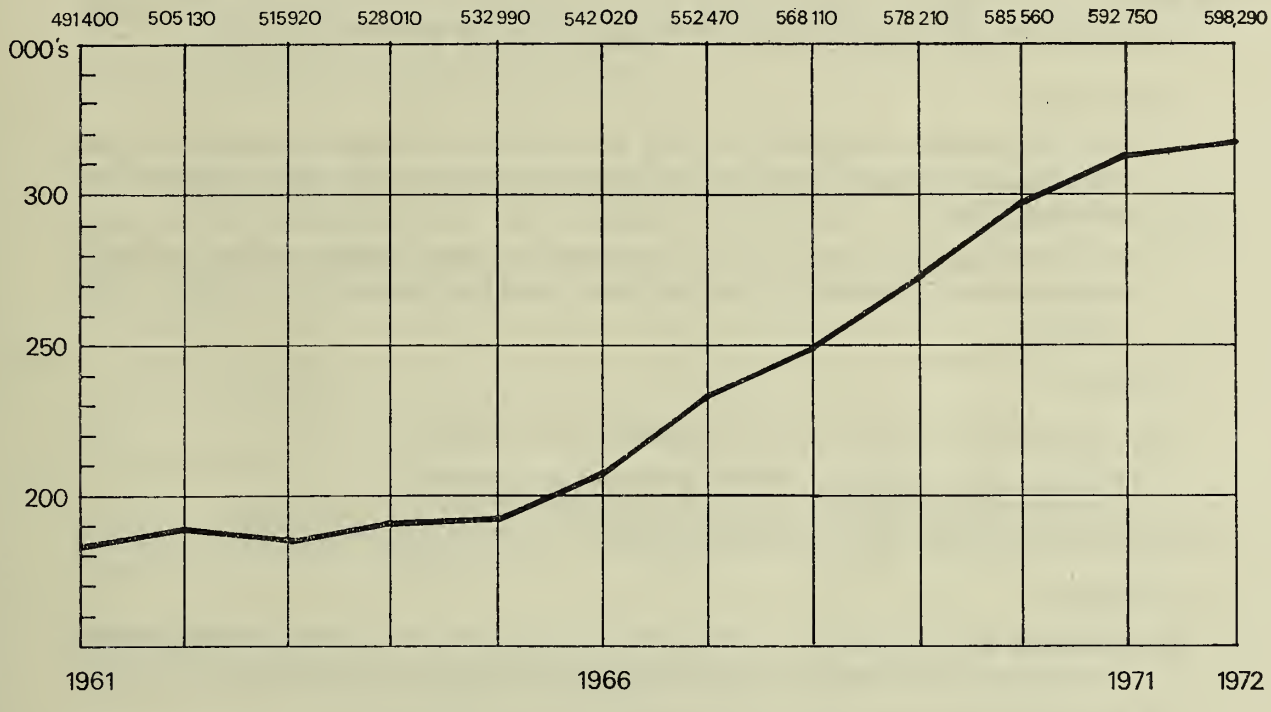
This training has raised the standard of efficiency within the service to a very high level.

(ii) *Vehicle equipment*

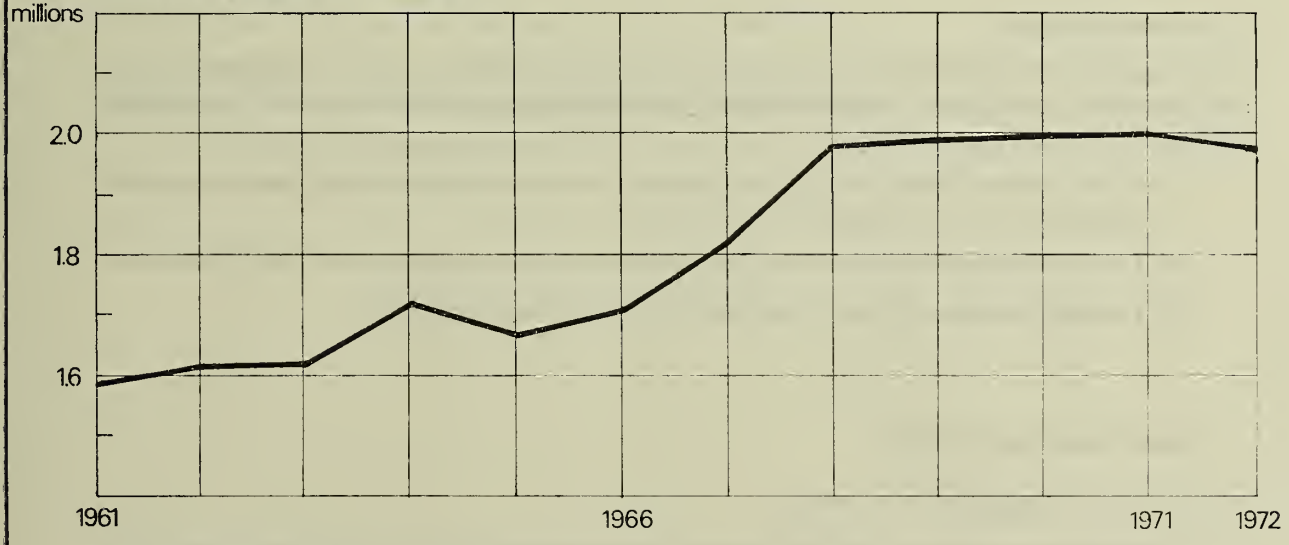
A minimum standard scale of equipment is laid down for all classes of ambulance vehicles and personnel attending these courses are trained in the use of all of these items.

Patients conveyed by ambulance

Population of Buckinghamshire



Total ambulance mileage



Average miles per patient

8.63	8.54	8.75	8.92	8.64	8.23	7.78	7.57	7.01	6.42	6.31	6.22

(d) DUTIES

The work of the ambulance service may be broadly divided into three main categories:—

(i) *Emergencies*

(a) 999 calls—attending emergencies involving personal injury, rendering ambulance aid to the casualties, and conveying these casualties quickly and safely to the nearest Accident and Emergency Unit.

(b) Medical Emergencies—attending medical emergencies as requested by the medical profession, and conveying the patients to hospital, whilst providing emergency care throughout the journey.

(ii) *Urgent*

Conveying patients to hospital when a definite time limit is imposed.

(a) Maternity cases which have not been given emergency priority.

(b) Hospital admissions for which the doctor has given a specified time, e.g. within one hour.

(iii) *Routine*

(a) Conveying persons to and from their homes to places where they receive medical attention when such persons would be unable to attend unless transport were made available for them.

(b) Conveying discharged patients from hospital to any part of the country.

(c) Meeting the transport requirements of various sections of the County Health and Social Services Departments for patients attending occupational centres, county homes, convalescent homes, etc.

(e) MAJOR INCIDENTS

In addition, the ambulance service is required to provide a plan to be put into operation immediately notification of any major incident involving a large number of casualties is received. It includes the call-out of:—

(i) County doctors, nurses, voluntary aid societies, hospital mobile teams and the conveyance of these teams from the hospital to the incident.

(ii) The organisation of the medical and para-medical personnel at the incident in the initial stages.

(iii) Treatment and conveyance of the injured to major reception hospitals.

2. Report on the year's working

(a) AMBULANCE PERSONNEL AND VEHICLES

To enable these needs to be dealt with efficiently and economically, the service must be manned by highly trained personnel and a fleet of well-equipped and mechanically reliable ambulance vehicles must constantly be maintained. The radio communications system is of prime importance in providing the means whereby ambulance emergency cover is available throughout the county at all times and ensuring that vehicles and manpower are used to their fullest capacity.

During 1972 a total of 5,179 more patients was conveyed 6,469 more miles than in 1971. The total patients carried during the year was 315,408 involving a total mileage of 1,964,698, the resulting average of 6·22 miles per patient being, yet again, the lowest figure ever achieved by the service. The total number of emergency cases amounted to 17,949.

(b) Ambulance car service

This service has again proved of considerable value and has relieved the ambulance vehicles and crews for more appropriate work. The ambulance car service carried 5,637 patients and travelled 106,775 miles, the average miles per patient being 18·9.

(c) Staffing

Some difficulties have been experienced in recruiting suitable personnel and there were 24 vacancies at the end of the year.

(d) Safe driving

The number of drivers eligible for safe driving awards organised by the Royal Society for the Prevention of Accidents was 186. Of these 140 were successful, having had one year of accident free driving.

(e) Air travel

Only one patient was conveyed by air during the year.

(f) Voluntary aid

The St. John Ambulance Association and Brigade and the British Red Cross Society have provided escorts from time to time and thanks are extended to them for their help throughout the year.

(g) National association of ambulance officers competitions

It is worthy of note that the Buckinghamshire Ambulance Service representatives gained first place in both the driving and team classes in the Regional Competition.

At the National Final Competition the driver was the overall winner, whilst the team were placed 7th in the country, both excellent results.

HEALTH EDUCATION

1. General review

Health education started as a separate function within the County in 1949, and since then the section has gradually expanded as the demand for such a service increased and the scope widened. This demand, particularly in schools, has developed considerably during the last decade and at present requests for the help and advice of the health education section come from a wide range of sources as the following report indicates.

The staff of the section now consists of a County Health Education Officer, his deputy, and five full time area health education organisers. In addition, a display artist, and a technician, are engaged on the publicity side of the work and on maintaining the wide variety of visual aids and display equipment regularly in use.

It is assumed that the section will be transferred with the Health Department to the Area Health Authority in April, 1974, and a work study carried out with the object of envisaging the role of health education within the reorganised National Health Service seems to indicate that a considerable number of new fields of endeavour will be added to the work of an already very busy section.

The work of health education falls mainly under two headings, publicity and education, and in brief these embrace the following activities:—

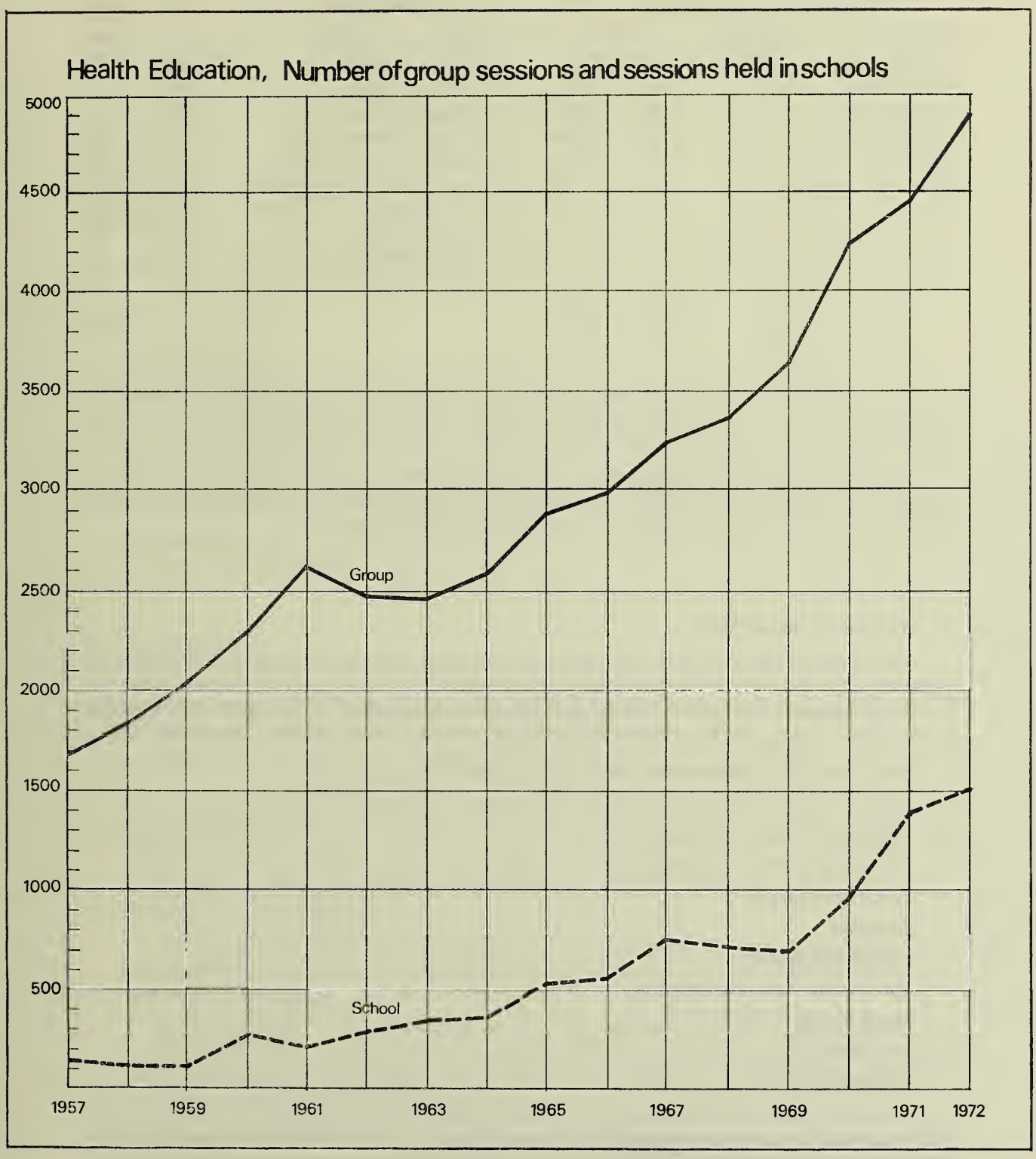
Publicity
- Planning and designing exhibitions and displays for special campaigns.
- Preparation of displays for routine situations.
- Designing and producing pamphlets, posters, etc.
- Manufacturing items of equipment used in display and visual aid work.
- Maintenance of equipment.

Education
- Assisting with in-service training courses for staff.
- Receiving and instructing students visiting the department.
- Lecturing on health subjects to adult groups and youth organisations.
- Assisting outside lecturers with their visual aid requirements.

School health education:
- assisting schools with their preparation of health education programmes;
- advising teachers on the selection and use of visual aids;
- participation in health education programmes;
- preparing and running courses for teachers and student teachers;
- producing teaching packs on health subjects.

2. Group teaching

Group teaching forms a major part of health education in practice and brings members of the Health Department into contact with the community at all levels and all ages. The following table gives details of those involved and the groups they meet.


Health Education, Number of group sessions and sessions held in schools
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
Group
School
1957
1959
1961
1963
1965
1967
1969
1971
1972

Talks given by:	1972	1971
Health visiting, midwifery and nursing staff	2,928	2,765
Health education staff	1,062	1,047
Dental staff	300	234
Medical officers	251	144
Other staff	291	201
Outside lecturers	80	76
Totals	4,912	4,467

Talks given to:	1972	1971
Ante-natal groups	1,825	1,844
School children	1,518	1,377
Student groups	306	295
Mothers' Clubs	389	235
County Council staff	193	110
Parents groups	45	85
Ante-natal classes attended by husbands	78	75
Youth Clubs	135	47
Old People's Clubs	67	37
Other Groups	356	362
	4,912	4,467

One of the interesting trends indicated by statistics compiled during the period is that the contribution to health education programmes by members of the health department staff, such as chiropodists, occupational therapists, speech therapists, and ambulance staff, has quadrupled in the past five years.

On the other hand, it is disappointing to see the low figure for sessions with parents groups. It is essential to have parental co-operation in so many of the health matters concerning children and it is hoped that endeavours in this direction will be more successful in the future.

3. Ante-natal group activities

The following table shows that 1,825 sessions of ante-natal teaching for women and 78 sessions for husbands and wives were held in the County, which indicates that many men and women rely on this source for education regarding a vital subject. Efforts are increasingly being made to help immigrant mothers who do not speak English by holding special ante-natal classes aided by interpreters.

Ante-natal talks in general cover the following subjects during each course:—

Diet

Health care during pregnancy

Minor discomforts of pregnancy

Foetal development

Analgesia

Labour and delivery

The first few days after delivery

Breast feeding

Bottle feeding

Care of the baby

Reference was made last year to the increasing tendency for this work to be undertaken in the surgery as the practice teams develop. This is again reflected in a slight reduction in the numbers of sessions and of those attending. The figures which follow, however, continue to show that the classes are still meeting a need in the community.

	Ante-natal classes				*For husbands and wives*					
	No. of sessions		*No. of women attending*		*No. of sessions*		*No. of women attending*		*No. of men attending*	
	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971
Aylesbury ..	318	175	390	215	10	12	130	120	69	61
North Bucks ..	365	359	461	522	19	19	141	186	118	145
South Bucks ..	352	389	513	696	9	12	252	331	238	309
Wycombe.. ..	790	921	1,073	1,079	40	32	752	673	603	594
Totals ..	1,825	1,844	2,437	2,512	78	75	1,275	1,310	1,028	1,109

4. Mothers' Clubs

During the year two new "afternoon" mothers' clubs started in the Amersham area and another active and useful year was enjoyed by the clubs throughout the County.

From the individual club reports received at the Annual General Meeting it is interesting and encouraging to see that, in addition to their main function of educating mothers on a wide variety of health topics, the clubs make a valuable contribution to the life of the community, especially in villages.

Two subjects given particular stress during the year were cancer education, especially breast and cervical cancer, and knowledge of first aid.

5. Special activities

Although many health education activities are uniform throughout the County, the need for special activities vary from area to area. Buckinghamshire stretches from the outskirts of London, almost to the industrial Midlands, and the character of the areas differ enormously.

Some of the activities, introduced to meet local needs in individual areas, are set out below:—

A series of talks and discussions on the importance of verbal contact and play with the pre-school child was arranged for West Indian mothers. This course was devised in conjunction with health visitors and the Slough Community Relations Council.

A very successful six-weeks course on a variety of health subjects was provided for Asian women in the Wycombe area.

Throughout the year a special campaign was mounted in the Wycombe/Amersham area to provide talks to organised women's groups on the early detection of breast cancer and the importance of cervical cytology.

The "quiz board" competition method of introducing health subjects to old people's clubs, started initially in the South Bucks area, was carried out with great success in other areas. These competitions make an interesting and enjoyable evening for elderly people, while at the same time providing valuable health information.

The pilot project carried out by the health education staff at Grendon Prison in 1971 proved to be so successful that a further 41 educational sessions in personal relations were held during this year.

The idea of a slim-fit club, commenced in Bletchley, was another successful venture that met an obvious demand and further clubs for both adult and child members opened as a result.

A valuable trend during 1972 was the development of closer links between health education and hospital staff. A good example of this was a session arranged at Wycombe General Hospital for the County midwifery and health visiting staff, to discuss the increasing incidence of staphylococcal infection in the newly-born.

A useful piece of administrative work, in the interests of health education, was carried out in South Bucks, where staff undertook to co-ordinate the agencies providing services for children and young people and produced a register listing and outlining the services available.

An endeavour to provide a course on the subject of education for retirement failed to interest a sufficient number of participants. The need for promoting thought on this vital topic is very evident, but it is not an easy task to get people to think about retirement until it is almost upon them. Further efforts will be made in this direction.

Two special efforts made in the field of smoking and health were the provision in all appropriate County Council premises of special notices to discourage the habit and sessions mounted especially for the staff at The Open University.

A campaign for increased information to the public on the subject of venereal diseases was conducted in the Amersham area. This included talks, and posters and leaflets giving clinic details were distributed to schools, libraries, offices and other premises.

Arrangements were also introduced in the Wycombe/Amersham area to install a telephone answering service. This service provides an enquirer, at any time, with basic information about venereal disease and details of available clinics.

A campaign was commenced in factories in the Aylesbury area with the object of providing the public with information on the subject of epilepsy. It is felt that a considerable lack of understanding of this illness exists and the project endeavours to enlighten people particularly in the sphere of work relations.

As in previous years the section has done a great deal of work in the field of in-service training and in helping to train other people, such as teachers, social service staff, school meals staff, food handlers, and others whose work, by its nature, has a health education content.

This selection of activities illustrates that the field of endeavour that faces those working in health education is a very wide one.

Indicative of the increasing awareness and interest in health education is the number of visitors and students who come to the section, either to learn more about the work that is going on in the County in this field or seeking help with projects based on health subjects.

6. Publicity and exhibitions

The health education section is equipped to produce publicity and exhibition material, and throughout the year the policy was to set up topical displays and hold small exhibitions in situations where a good impact was assured. These included shop windows, waiting rooms, factories, health centres and libraries; use was also made of display cabinets in shopping centres.

Some of the subjects presented in this way were, obesity, family planning, epilepsy, mental ill-health, cervical cytology, venereal diseases, home-safety, smoking and health, and food hygiene.

An exhibition, together with films, was set up at both the Bucks County Show and the Wycombe Show. The subject this year was family planning and on each occasion a considerable amount of interest was shown by the public.

All those partaking in health education programmes were supported, where necessary, by the provision of visual aid equipment and publicity aids, and this, together with the production of special items to assist in publicity and teaching, involves a considerable volume of detailed day to day work.

7. Schools

Another year of expanding interest and activity in the schools was indicated by a large increase, once again, in the number of sessions held in schools by staff of the health department, and in courses and seminars held specially for teachers.

A good proportion of schools now include health education as a routine part of their syllabus and assistance is given in a variety of ways to meet the needs of individual schools.

More detailed information regarding some of the special courses is given on page 117 in the section of this report devoted to the School Health Service.

8. Preventive Psychiatry

Dr. C. E. Bagg, consultant psychiatrist, reports:—

"During 1972 the weekly sessions of group teaching and discussion with health visitors were temporarily discontinued to provide sessional time for a pilot research study into anxiety-proneness in infants. I am very grateful to the staff of the Shrubbery, High Wycombe, and the Westbury Maternity Home, Newport Pagnell, for their kind and helpful co-operation in this work.

The need for research into early-life psychological development is closely in keeping with the requirements of preventive psychiatry; but both research and teaching are important aspects in this field. The system of holding the weekly sessions with health visitors, for discussion of the psychological problems associated with the various epochs of life on the basis of individual case-histories described by them, was therefore resumed towards the end of the year. They will be continued during 1973.

The theoretical value of the health visitor's role in preventive psychiatry has been emphasised in previous annual reports, and over the years this value has been amply substantiated in practice. These factors are nevertheless so important that they can usefully be re-stated. The community stands to derive great benefit by these workers being rendered as deeply aware as possible of the preventive opportunities inherent in their role in relation to the various factors bearing on normal and abnormal psychological development. The ability to recognise the emotional difficulties of young and expectant mothers under their care is an essential part of their work, and the health visitors in this part of the County have increasingly offered their own psychological help, or participated in referrals to child guidance clinics, when faced with problems of this sort.

The work of the members of the Social Services Department involves similar principles. Although their portal of entry into family problems occurs on a somewhat different basis and sometimes at a different stage, they make invaluable contributions to preventive psychiatry. Their involvement in psychiatric situations may arise in various ways. Sometimes social difficulties lead to mental symptoms; sometimes an emotional illness causes the failure in the social sphere; sometimes an undue emphasis is placed by the client on social difficulties, as a means of obtaining an opportunity for the unburdening of emotional problems.

Psychiatry in its preventive aspects is a subject about which even a lifetime of experience cannot provide a complete understanding and knowledge. The learning process is endless for everyone involved. Continuing experience and interchange of ideas about current problems with workers in related professions is one of the means by which one's knowledge acquired from previous training can be consolidated and mutually extended. Pressure of work often makes this situation difficult or impossible. But if during the years ahead any health visitors and members of the Social Services Department feel that they could meet together, either on occasions or regularly, with benefit along these lines, these weekly sessions of preventive psychiatry based on case discussions could, perhaps, be used for the purpose."

Dr. V. A. Wilkinson, consultant psychiatrist, also submitted the following report:—

"We have continued the preventive work done last year and tried to extend the help we are giving to other workers in the community in the earlier identification of problems, with a view to earlier consultation and referral.

I have had weekly discussion and teaching groups with the health visitors. They have a vital part to play in promoting mental health by virtue of their close contact with mothers in the early months when the quality of the relationship built up between mother and child is so important.

I also hold monthly meetings with the school medical officers and Dr. Browne has a monthly group with the probation officers.

The pilot project started last year of a clinic team visiting one secondary school regularly to try to identify problems arising in the first year pupils, has proceeded and we have begun a similar project in one of the junior schools. The clinic team visits other schools on a less regular basis.

We have increased our contacts with the Social Services Department and now have a regular fortnightly group for a discussion of current problems. Mrs. Page, our Psychiatric Social Worker, has given supportive talks to family aides.

As a result of these efforts there is a much closer liaison between all the helping agencies in the area and we feel that we are beginning to build up an integrated service.

The consultation service for bereaved families is well established and we are getting an increasing number of families referred who are then given the opportunity to discuss their feelings and given support during this mourning period, to adjust to their loss. Mrs. Blank, the Psychiatric Social Worker whose primary task is in this service won the Mental Health Research Fund Prize for a paper describing this work".

RESEARCH, PUBLICATIONS AND VISITORS

1. General research activities

During the year the Joint Research Panel, whose membership includes representatives of the Health and Social Services Departments, has continued to meet and to offer advice to those members of staff wishing to initiate research projects. New projects supported by the panel in 1972 include research on the deployment and recruitment of health visiting staff in the Wycombe area, an investigation into various aspects of pre-retirement courses by the health education section, and a survey of the need for social car service within the county (in co-operation with the Women's Royal Voluntary Service and other county departments).

2. Particular research projects

(a) Evaluation of Health Centres

Part I of the Wendover Health Centre Study, described in detail last year, has now been completed and results are being analysed with the assistance of the statistics section of the Oxford Regional Hospital Board.

(b) Other Research Projects

Apart from the projects detailed below, staff are frequently asked to assist research agencies outside the County in the collection of data. Similarly, hospital consultants and general practitioners may seek the help of the Health Department if research they are doing has an epidemiological context.

A. Projects under consideration

1. Field study of the problems associated with the use of packs of sterile dressings by county nurses.
2. Study of the development of the cervical cytology service in the Stony Stratford area.
3. Study of the incidence and treatment of bacteriuria in schoolchildren.
4. Study of the residents admitted to old people's homes.
5. Evaluation of Buckinghamshire County Council's day centre at Desborough Hall, High Wycombe.

B. Projects in progress

1. Development project on an experimental approach to social work (task orientated case work).
2. Study of the content of work undertaken by nursing and health visiting staff.
3. Further study of the nurses' and health visitors' pattern of work.
4. A base-line study on the effects of defluoridation of the water on the health of children's teeth (Slough area).
5. A study of work patterns of general practitioners and nurses, and of public opinion, before and after the opening of a health centre.

6. Investigation into the advantages and disadvantages of pre-school medical examinations in the Slough area.
7. Research on the feasibility of a group home for the mentally handicapped in Slough.
8. Feasibility study on the sharing of chiropody and dental premises/equipment in health clinics.
9. Survey on sex education in the High Wycombe area.
10. Study of the feasibility of transporting patients to health centres for chiropody treatment.
11. Study of recruitment and deployment of health visiting staff in the High Wycombe area.
12. Survey on health education retirement courses.

C. Projects completed in 1972

1. Survey of patients' journeys and activity patterns in relation to visits to general practice surgeries in Bletchley.
2. Investigation into the content of work undertaken at child health clinics (Quarrendon, Aylesbury and Marlow).
3. An evaluation of the procedure for gaining information on discharge of maternity patients to the community in Buckinghamshire and elsewhere, leading to the implementation of a new method.
4. Identification of numbers and demand for services for the physically handicapped in a rural area.
5. Investigation of wound infection control.
6. Investigation into breast feeding in North Buckinghamshire area.
7. Investigation into ambulance service emergency work in cases of collapse and poisoning.
8. Survey on the need for a social car service in rural areas (joint project by W.R.V.S. and the Health and Clerk's Departments of Buckinghamshire County Council).
9. An assessment of the need for a night nursing service.

3. Visitors

Dr. and Mrs. H. Seidel, John Hopkins Medical Institute, Columbia, Maryland, Dr. and Mrs Luther M. Talbert, University of North Carolina, and Dr. Robert Tranquada, University of South California School of Medicine, Los Angeles, visited the department during the year to look at community health services, with particular reference to the proposals for Milton Keynes. An officer from the Royal Army Medical Corps and a speech pathologist from Houston, Texas also visited for the same purpose.

As in previous years, undergraduates from the Royal Free Hospital School of Medicine (University of London) spent a fortnight in the County to see as much as possible of the community health and social services. Members of courses organised by the King's Fund College have also visited the County during the year for this purpose.

Visitors to the nursing service included Mrs. Margaret Clelland, Recruitment Officer for Northern Ireland Council for Nurses and Midwives; Miss Claque, Chief Nursing Officer of St. George's Hospital, London; Mr. Faulds, Student of Nursing Education, Department of Nursing Studies, University of Edinburgh; Mr. P. J. Morland, General Director, Queen's Institute of District Nursing; and Mrs. Christine Longley of the British Broadcasting Corporation.

4. Publications

Barker, A. & Black, S. —"Integrated psychogeriatric care in Buckinghamshire." The Elderly Mind, published *British Hospital Journal*, Hospital International, London, 1972.

*Barnes, F., Chandler, D. H., Clarke, K. W., Hedge, F. W. —"Prelude to Integration: a pilot study on building links for 1974." *The Hospital and Health Services Review*, 1972, 304, and also *Community Medicine*, 1972, 128, 550.

Bond, E. —"Mobile Speech Therapy Units." *Bulletin of the College of Speech Therapists*, 1972, 246, 8.

Buckinghamshire County Council Health Department—

Occasional Papers (1972)
(a) No. 5: Hutchby, J.P. —"Occupational therapy patients in their community."
(b) No. 6: Working Party —"Health education services."

Few, Esmé —"Who cares? An integrated psychiatric service for the elderly in Buckinghamshire." *Practice Team*, 1972, 10, 3.

Hopcraft, E. —"My first year of attachment to a general practice in a new health centre," *Practice Team*, 1972, 14, 12.

Kimmance, K. J., & Chick, J. R. —"Occupational therapy in the community." *Community Medicine*, 1972, 129, 111; also *British Hospital Journal and Social Services Review*, 1972, 82, 2638, and *Occupational Therapy*, 1972, 36, 33.

White, D. M. D. —"Psychogeriatrics—what next?" *Lancet*, 1972, 2, 223.

*Reprinted as Appendix A to this report.

ADMINISTRATION

1. Forward planning division

The three aspects of work of the division, acting secretariat to the Milton Keynes Health Services Liaison Committee, management of the department's capital building programme and the co-ordination of research, which were described in detail in the 1971 Annual Report, have all continued during the year and are referred to elsewhere in this report. Increasingly work in connection with Milton Keynes is concerned with the adaptation of agreed policies in the light of developments in medical technology and in central government policy and with the implementation of those policies.

One new task falling to the division in the current year has been certain aspects of the detailed work of extracting information in connection with the reorganisation of the National Health Service, an aspect of work which is likely to increase in scale over the coming months.

2. Health services division

When the central office administration was reorganised in 1969 and the divisional structure introduced, the duties of the health services division were broadly concerned with the organisation and control of the maternity and child care, vaccination/immunisation, school health, nursing and health education services, together with certain other general public health matters.

Since that time, the administrative cover provided by the division has been extended considerably by the development of existing services due mainly to increases in population in the county and in the number of professional staff employed and also by absorbing certain functions which were previously undertaken by the welfare division before its transfer to the Social Services Department.

In order to establish adequate central support for the field staff of the department, some re-allocation of duties in the various sections has proved necessary and the bulk of work affecting the child population (i.e. from birth to 18 years) has now been grouped into a child health section with an adult health section assuming responsibility for most other duties, including statistics, but with the exception of the chiropody, occupational therapy/physiotherapy and health education services.

Extensions to the Council's family planning service and the cervical cytology recall scheme have also necessitated some adjustment in the central office administration and the work involved in connection with the provision of home dialysis units for patients suffering from renal disorders has increased very considerably over the last year.

Planning for the reorganisation of the National Health Service has inevitably placed demands on the administrative and clerical staff for the provision of additional statistical detail and other information and these demands are likely to increase over the next few months.

Staff training

In connection with the reorganisation of the National Health Service in 1974, an administrative staff training programme was introduced during the year in conjunction with the hospital services and the Buckinghamshire Executive Council which provided for an interchange of administrative staff between the various services. This has proved to be very successful and beneficial to the staff concerned

and ongoing arrangements to cover all of the senior staff of the three services are being made. An article on a pilot scheme which preceded the general arrangements was prepared by the four senior officers concerned. This appeared in the appropriate professional journals and a copy is attached at appendix "A" to this report.

3. Administrative services division

The administrative services division, since its inception in April, 1969, was subject to an investigation by the Council's O & M team in 1970 and lost experienced members of its staff through the transfer of functions relating to welfare services to the Social Services Department in 1971.

After the transfer of welfare functions in 1971 the opportunity was taken to rationalise further the administrative procedures for the appointment of staff and ambulance staffing is now the only field in which the staffing section is not directly involved. On the supplies side the workload lost to the Social Services Department has more than been replaced by the work of providing initial equipment and furniture for health centres; by the increasing number of field staff; and by the increasing issues of the medical aid loan equipment and aids to daily living. Indeed, some supplies are still handled on behalf of the Social Services Department.

A close liaison is maintained with all departments, particularly the County Treasurer's and Clerk's, concerning conditions of service of the various staffs employed. It is interesting to note that on April 1st, 1972 there were approximately 1,200 employees in the Department, whose conditions of service are covered by ten different negotiating bodies. The Department's services are, of course, labour-intensive and the expenditure on salaries and wages for 1972/3 accounted for over 60% of the total budget.

LIAISON WITH SOCIAL SERVICES DEPARTMENT

Because of the close inter-relationship of the services provided by the two Departments, contact between field staff is frequent and at administrative levels many meetings have been held throughout the year. Some health services, such as occupational therapy, physiotherapy and chiropody are provided routinely in institutions run by the Social Services Department.

Particular areas where close co-operation has taken place are as follows:—

Handicapped persons: The assessment of individual need for aids to daily living is the responsibility of the occupational therapist, but the full cost is borne by the Social Services Department. There is also a two-way flow of information regarding handicapped school children and school leavers.

Supply of medical advice: The Health Department is responsible both for employing visiting medical officers for the county welfare homes and hostels, and for ensuring that specialist geriatric and psychogeriatric advice is available when required.

Mental health: The functions of medical officers to the industrial units is performed by staff of the County Health Department Approval of doctors under Section 28 of the Mental Health Act remains the responsibilty of the health committee.

Nurseries and child minders: The staff of the County Health Department have continued to undertake this work on a temporary basis on behalf of the Social Services Department.

Disabled drivers' and passengers' badges: The scheme for the use of disabled drivers' badges started in 1961 and, in 1970, the scheme was extended to disabled passengers and institutions which receive disabled persons. The principal medical officer for adult health, in consultation with the Social Services Department, gives approval for the issue of badges on medical grounds after consideration of medical reports. During the year approval was given to the issue or renewal of 232 such badges.

Liaison on policy matters and the provision of medical advice has been channelled through one senior member of the medical staff. The maintenance of the links which have been developed will be increasingly important as the time for reorganisation of local government and the National Health Service approaches.

INFECTIOUS DISEASE

1. Immunisation

Prior to 1968, approximately 75% of Buckinghamshire children received primary protection against diphtheria, pertussis, tetanus and poliomyelitis during the first year of life and it was felt that this figure could be improved upon. With the co-operation of the staff of the County Treasurer's Department, arrangements were made for appointments for immunisation to be sent to parents by means of the Council's computer.

All the child health clinics and the majority of general practitioners take part in the scheme, the success of which can be judged from the fact that about 96% of children now receive primary immunisation. Some general practitioners prefer not to use the computer appointments system and the records show that 62% of the children attending these doctors receive full protection.

The schedule of immunisation followed during the year required the first course against diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis to be given at four months of age, the second course six weeks later and the final course five months afterwards.

(a) Diphtheria, Pertussis, Tetanus and Poliomyelitis

The level of completed courses of primary immunisation against these diseases is high. The Public Health Laboratory Service at Collindale is conducting a survey into the effectiveness of pertussis antigen in which this County is co-operating. Child population data and the record of each case of whooping cough notified is examined and details of previous immunisation sent to the Laboratory. The number of notifications of cases of pertussis fell to 11 during the year. A study of the accompanying graph shows since 1966 a general pattern of two years when the numbers of notifications rise followed by a year when the number falls. It also shows that the numbers of notifications during the "peak" years are reducing and it will be interesting to see whether 1973 shows a rise and whether the total will be less than the 130 in 1971.

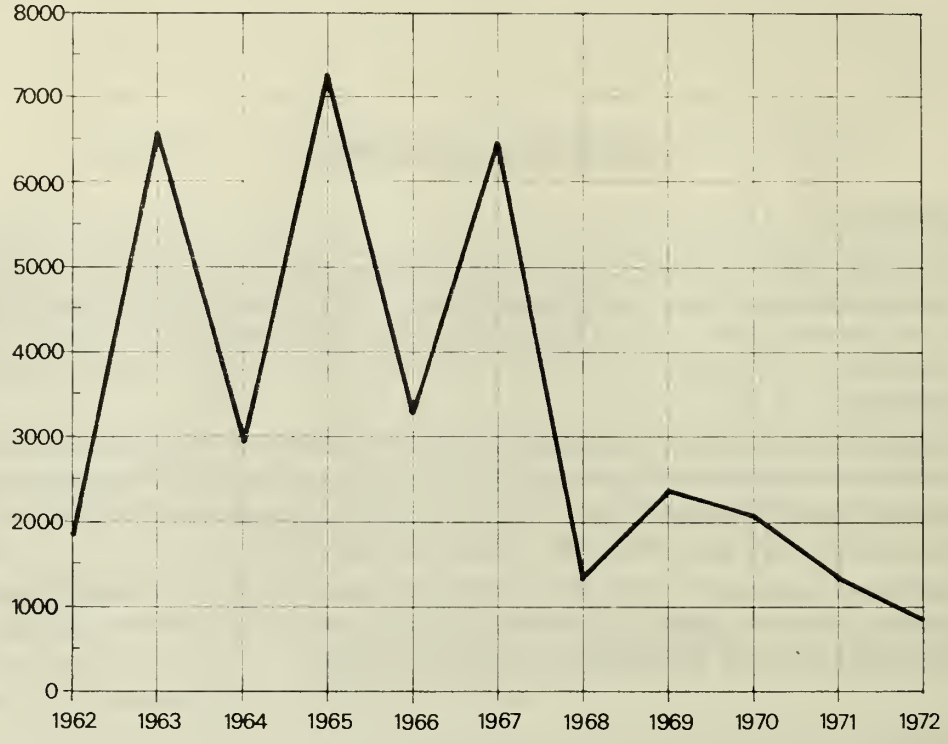
(b) Measles

I am pleased to report that once again the number of notifications of cases of measles fell during the year.

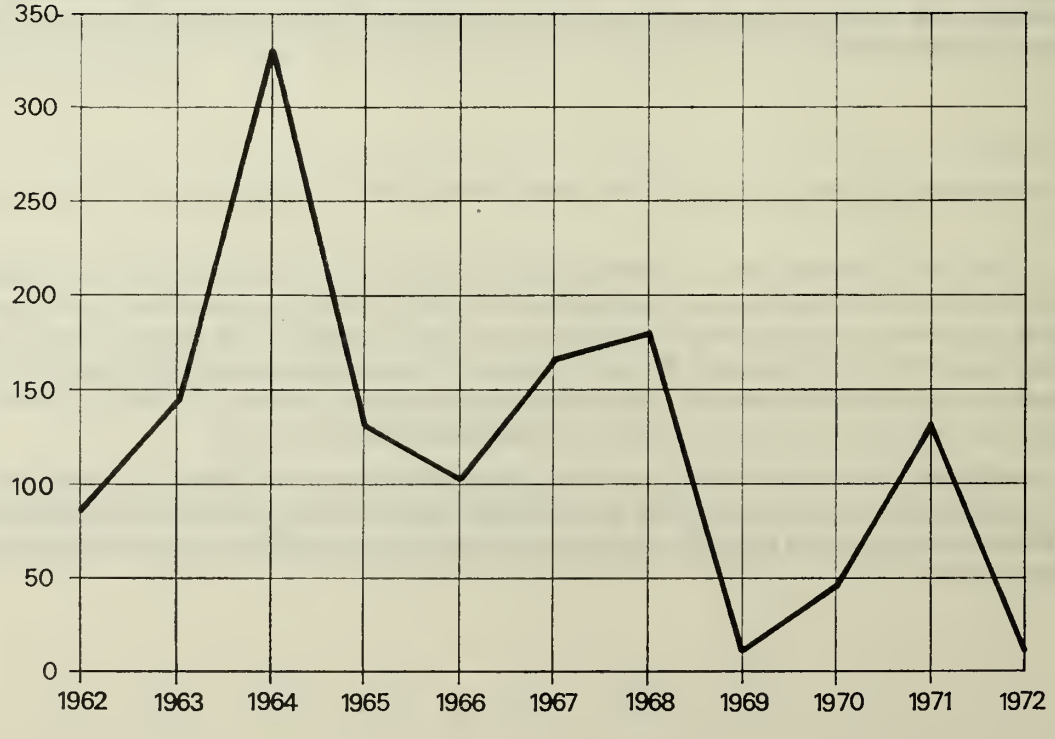
It is not always realised what a disabling disease measles can be. When the first County Medical Officer of Health to Buckinghamshire was appointed in 1908, measles was considered to be uncontrollable and indeed was responsible for 10,000 deaths annually in England and Wales (about three times as many as scarlet fever). Fortunately the death rate has fallen considerably since 1915 when the local authority nurses began visiting parents to give guidance on the proper means of convalescence from the disease. The last recorded death from measles in Buckinghamshire was in 1968.

Nevertheless, the disease can leave in its wake problems of persistent ear infection and deafness and also chronic respiratory disease and rarely brain damage. Immunisation, therefore, is most important. It is offered routinely during the child's second year of life and 9,213 children were protected against measles in 1972.

Notifications of measles



Notifications of Pertussis (whooping cough)



(c) Rubella (German measles)

Immunisation continues to be offered to girls between their 11th and 14th birthday and during the year 3,368 girls aged twelve and thirteen received protection against the disease. This procedure is unique in that it aims to protect not only the girl herself but particularly the foetus of any subsequent pregnancy.

Number of children under 16 vaccinated with different kinds of vaccine.

	1972	1971
Completed primary courses		
Triple (diphtheria, tetanus, whooping cough)	8,838	8,984
Diphtheria/tetanus	415	389
Diphtheria	45	12
Tetanus	377	512
Poliomyelitis (Sabin vaccine)	9,172	9,254
Measles	9,213	8,945
Rubella	3,368	6,031
Re-inforcing doses		
Triple	727	2,058
Diphtheria/tetanus	8,994	8,838
Diphtheria	83	220
Tetanus	1,655	1,636
Poliomyelitis	7,532	6,839

2. Notifications

A summary of the notifications of infectious diseases during 1972 is given in Table I on page 101 of this report.

3. Tuberculosis

Dr. W. T. Bermingham, consultant chest physician, who retired at the end of the year, kindly supplied the following report:—

"This year the situation is very little changed from that reported in 1971. In the Aylesbury/North Bucks area 29 cases of tuberculosis were notified, of which 23 were respiratory and 6 non-respiratory. This shows a slight rise in the total number of cases notified this year but a reduction in the number of non-European cases. 40 cases of tuberculosis were notified in the High Wycombe/Amersham area, comprising 26 respiratory and 14 non-respiratory, of which 16 were European and 24 non-European. Overall this is 10 less cases than last year. In the Slough area 88 new cases of tuberculosis were discovered, of which 57 were respiratory and 31 non-respiratory; this is an increase of 6 cases over last year. From the total of 157 cases notified this year in the County 52 were bacteriologically confirmed.

The survey of relatives of immigrants on arrival in Aylesbury, which has gone on now for several years, has continued. This year 38 patients attended and 16 were given B.C.G. compared with 1971 when 35 patients attended and 14 received B.C.G. vaccination.

Deaths from tuberculosis in the County during 1972 totalled 10, which is the same number as last year. The majority of these were confined to the upper age groups from 55-75 years. Two deaths, however, in the Slough area involved the younger age groups; one female in the 15-24 years group, who was found to be tuberculous after death, and one female in the 25-34 years group. Both of these patients were non-Europeans.

It was found in 1972 that a greater number of school positive reactors in North Bucks were demonstrated in those who had been abroad in Europe and Asia. This confirms the report in 1971 and emphasizes the feeling amongst chest physicians that all children going abroad particularly to European and Asian countries, should, if possible, be given B.C.G.

Confirming our belief that a Grade I Heaf does not necessarily mean that the child has been infected with tuberculosis, B.C.G. vaccination has been carried out at all Chest Clinics on children with a Grade 1 result.

It has been the wish of the chest physicians in all areas that it would be possible for the Health Department to allocate a health visitor to be attached full time to the Chest Clinics. So far this has been in operation in the High Wycombe/Amersham area but at the moment health visitors in the Aylesbury and North Bucks areas attend on a sessional basis."

4. Sexually transmitted diseases

There has been little change in the overall picture in the county, as compared with 1971. The number of new cases of syphilis notified by the various hospitals showed a slight reduction, whilst new cases of gonorrhoea increased by just under 4%, to give an infection rate of 32 per 100,000 population, last year's rate being 31. The number of other sexually transmitted diseases reported, again increased over the year but the figures encourage some hope that the sharp rises noted recently may now be levelling off.

Even if this is the case, the fact remains that the total number of persons newly notified as suffering from sexually transmitted diseases has, once again, increased and there can be no let up in the effort to halt this regrettable trend by education, contact tracing and any other means which may be available.

The details received from the treatment centres are set out in the following table:—

Hospital	*Syphilis*		*Gonorrhoea*		*Other sexually transmitted diseases*	
	1972	1971	1972	1971	1972	1971
Royal Buckinghamshire Hospital (Aylesbury)	4	—	35	31	205	207
Wycombe General Hospital	7	14	41	63	480	435
Bedford General Hospital	—	—	7	3	25	7
Hillingdon Hospital	—	—	6	10	98	84
King Edward VII Hospital, Windsor	7	9	96	74	435	417
Northampton General Hospital ..	—	—	3	2	22	18
St. Bartholomew's Hospital	1	—	4	1	18	17
St. Thomas's Hospital	—	—	—	1	17	34
Royal Berkshire Hospital	*	—	*	—	*	4
Total	19	23	192	185	1,300	1,223

*No separate return received.

Contact tracing remains a vital task in attempts to control the spread of infection. Much of this work continues to be done by the hospital social workers, although there is close liaison with the staff of the Health Department, who are prepared to undertake contact tracing on request.

INSPECTION AND SUPERVISION OF FOOD

Mr. G. L. Davis, the Chief Inspector, has kindly submitted the following report:—

1. Composition and quality

A total of 1,199 samples of food and drugs was taken for analysis both for composition and the detection of preservatives or other additives at undesirable levels. Of these, 467 were submitted to the public analyst who commented adversely upon 37 of them. The samples may be classified as follows:—

Almond marzipan, baby food, beverages, cereal food and flour confectionery, cheeses and cheese spreads, chutneys, cooking oil, cough linctus, cream, custard powder, dried vegetables, fats, fish and fish products, flavoured drink crystals, flavourings and seasonings, flour, fresh fruit, glacé cherries, gripe water, ice cream powder, isinglass, jam, jellies, liquid paraffin, marmalade, meat and meat products, milk and milk products, pastries, pastry mixes, scotch eggs, soluble aspirin, spirits, spreads, sugar confectionery, syrups, tea, tinned fish, fruit and soups, vegetable juice.

Samples of milk tested in the Department's laboratory totalled 665; most complied with the standard laid down by the Sale of Milk Regulations. Investigation of 14 unsatisfactory samples confirmed adulteration in one. This concerned a sample from a bulk farm tank and a prosecution followed.

One hundred and fifty five samples were taken at schools (under the milk-in-schools scheme), hospitals, children's homes and old person's homes. All were satisfactory.

There were 104 complaints from the public about food products. They concerned alien matter in food, dirty containers and the quality of the food. In 15 cases the samples were examined by the public analyst, the remainder were dealt with after examination in the Department's laboratory.

There were six prosecutions during the year; four followed complaints, three of which concerned loaves of bread which contained respectively a piece of metal, an adhesive plaster and rodent droppings, and the fourth was in respect of a pork pie which contained a nail. The other two followed routine sampling. One was the sample of watered milk mentioned above and the other concerned a sample described as pomegranate syrup, which contained no fruit juice.

2. Liquid egg pasteurisation

There are no egg pasteurisation plants in the administrative county.

3. Testing of milk for special purposes

(a) Disease infection

Samples examined for brucella infection numbered 102; four were positive and the district medical officers were informed so they could prevent the human consumption of the milk in its raw state.

These samples were also tested biologically for tubercle bacilli and bacteriologically for the presence of penicillin. All were negative for tubercle bacilli but one sample was found to contain penicillin. The level was low, but the farmer confirmed the recent use of penicillin in his herd. He was warned to exercise greater care in the use of antibiotics.

(b) Special designations

At the end of the year the following licences were in operation.

Dealer's (pasteuriser's) licences	6
Dealer's (untreated) licences	3
Dealer's (prepacked milk) licences	314

One pasteurising plant closed during the year, bringing the total number in operation to six. They process 12,700 gallons of milk daily and 228 samples have been taken to check the heat treatment. Eight samples failed the methylene blue test and two failed the phosphatase test.

All designations of milk are sold in the county and 306 samples have been taken; 17 samples of untreated milk and nine of pasteurised milk failed the methylene blue test. The dealers were warned and subsequent samples were satisfactory.

All schools and other County Council establishments now have pasteurised milk supplies. All of the 102 samples taken were satisfactory.

Specified Area Orders require that only special designations of milk may be sold in Buckinghamshire. In this connection, 456 visits were made and 636 samples, all satisfactory, were taken.

OTHER MATTERS

1. Building programme

(a) GENERAL

During the year construction of health centres began at Stony Stratford, and Newport Pagnell and in addition to Haddenham which opened in April, three of the four centres which started on site in 1971 (Stokenchurch, Burnham (Slough) and Water Eaton (Bletchley)) came into operation. The clinic at Chiltern Avenue, High Wycombe, was also completed and opened in February.

Work commenced on the erection of an aids to daily living extension to the occupational therapy centre at Bletchley, a small but much needed project. A tender was also let for the construction of the first of the new standard 100-place occupational therapy centres at Desborough Road/Avenue, High Wycombe. Unfortunately, the contractor has since gone into liquidation and work on site has not yet begun. It appears at the moment that there may be up to a year's delay on the project. In view of the urgent need for rehabilitation facilities in the High Wycombe district this is to be regretted.

For the ambulance service, a scheme for the extension of the Aylesbury station including the provision of central control was submitted in December to the Department of Health and Social Security and it is hoped to make a start on this project on site during the coming financial year. The difficulties of finding a suitable site for a replacement station in Amersham are still continuing.

(b) NURSES HOUSES

During the year construction began of four houses, two at Desborough Avenue, High Wycombe and two at Maids Moreton.

The three houses at Wooburn Green, begun in 1971, became available for use and are now occupied.

2. Housing

The following table shows the progress of provision of permanent housing in the rural districts of the County by local authorities and private builders from April, 1945 to 31st December, 1972.

	PERMANENT HOUSING				*Total permanent houses completed*
	Local authorities		*Private builders*		
	Under construction	*Completed*	*Under construction*	*Completed*	
RURAL DISTRICTS					
Amersham	82	2,611	352	8,108	10,719
Aylesbury	89	2,123	165	2,874	4,997
Buckingham	—	594	39	760	1,354
Eton	151	3,386	243	6,128	9,514
Newport Pagnell	15	915	268	1,533	2,448
Wing	26	1,031	171	1,027	2,058
Winslow	1	637	138	1,092	1,729
Wycombe	66	2,846	608	9,775	12,621
Totals ..	430	14,143	1,984	31,297	45,440

3. Water and sewerage

(a) Water supply—Bucks Water Board

The Engineer and Manager of the Bucks Water Board has supplied the following information:—

"During 1972, developments within the Board's area of supply have followed a very similar pattern to that shown in 1971; that is to say, there has been development in all parts of the Board's area but particularly in the northern part. Towards the end of the year Milton Keynes Development Corporation was beginning to complete houses and other constructional work. It is expected that there will be an acceleration of this development in 1973 and afterwards.

During 1972 there has again been an increase in demand for water. The trend of previous years has continued in that there is not only an increase in population to be supplied but there is also an increase in the per capita demand for water. The population within the Board's area of supply rose from 368,000 in September, 1971 to 375,000 in September, 1972. The details of consumption in gallons per head per day for the year 1971/72 as compared with the previous year are set out below:—

Consumption per head per day:	1971/1972 gallons	1970/1971 gallons
(a) Metered	19.78	19.41
(b) Domestic	37.55	37.28
	57.33	56.69

There were no serious shortages of water during the year, although there was less than the average annual rainfall. At the Board's source at Wendover Dean for instance, the average is 31 inches but for the calendar year 1972 the total was 28.47 inches, this being the second consecutive year with a less than average rainfall. In consequence the levels of water in the chalk are much lower than normal. A period of heavy rainfall is required to provide replenishment and restore the balance.

Work has continued throughout the year on the development of the Board's largest chalk source at Medmenham. The main pumping station in a disused chalkpit at the bottom of the Hambleden Valley is under construction and will shortly be ready to receive the pumping equipment.

In the northern part of the area supplies of water are largely river derived and the Board has again met with difficulties in the treatment of this water, the difficulties arising principally from the algal growths, which become more persistent as the years go by.

Throughout 1972 the Department of the Environment has issued a long series of consultation papers on various aspects of the proposed reorganisation of water and sewage disposal. At the same time, there have been many discussions, particularly at officer level, upon the transitional arrangements to ensure a smooth transfer to the new Regional Water Authorities on 1st April, 1974."

(b) Fluoridation of public water supplies

The County Council agreed in 1963 to the principle of making arrangements with local water undertakings for the addition of fluoride to those water supplies in the county which have a natural deficiency in this respect.

Three firm proposals were received. The Borough of Buckingham proposed to install the necessary equipment at the two pumping stations serving the area, but owing to technical difficulties this scheme has been deferred for the time being. Arrangements have been completed by the Bucks Water Board to fluoridate the water supplies from their Radnage pumping station, and this should be put into operation early in 1973. The Middle Thames Water Board has agreed to fluoridation in its area, which includes parts of south Buckinghamshire, and it is hoped to start this scheme in 1974.

(c) WATER SUPPLY AND SEWERAGE SCHEMES

Under the provisions of the Rural Water Supplies and Sewerage Acts, the Department of the Environment and the County Council, are empowered to make grants towards the costs of schemes of piped water supply and main drainage in the rural areas of the county.

Applications for such grants are received from rural district councils and are investigated as to their eligibility by the county health inspector. Once schemes are approved, the sites are visited during construction, and periodic visits are made after completion, to ensure that proper maintenance is being carried out.

By December, 1972 the County Council had paid grants amounting to over £1,500,000 in respect of drainage schemes and water supply schemes and the position was as follows:—

81 schemes of water supply had been submitted and approved at a total estimated cost of £1,617,172–67 of which had been completed.

The schemes of water supply completed during 1972 were as follows:—

Bucks Water Board	Southend Lane, Northall. "Colenso", Cobblers Hill, Wendover. Dag Lane, Stoke Goldington. "Wayside" and "Lapstones", Waddesdon.
Eton R.D.C.	Rickmans Lane, Stoke Poges.

Four water supply schemes were submitted and approved during the year, and details of these are given below:

Bucks Water Board	"Colenso", Cobblers Hill, Wendover. Estimated cost £412. Apple Tree Cottage, Churchway, Stone. Estimated cost £613. Aston Hill, Aston Clinton. Estimated cost £3,670. "Wayside" and "Lapstones", Blackgrove Road, Waddesdon. Estimated cost £2,870.

169 main drainage schemes had been submitted and approved at a total estimated cost of £11,248,273 and 161 of these were completed or in progress.

The schemes of main drainage completed or in progress during the year were as follows:—

Amersham Rural District Council	Misbourne Valley relief sewer. Knotty Green main drainage. Botley, Ley Hill and Lye Green main drainage.

Aylesbury Rural District Council	Stone Regional sewerage scheme. Chearsley main drainage. Ludgershall main drainage Broughton main drainage.
Buckingham Rural District Council	Dadford and Stowe main drainage.
Eton Rural District Council	Burnham, Taplow and Dorney main drainage. Datchet main drainage. Horton and Wraysbury main drainage. Farnham Royal main drainage.
Newport Pagnell Rural District Council	Little Brickhill main drainage. Newton Blossomville and Clifton Reynes main drainage.
Winslow Rural District Council	East and Botolph Claydon main drainage.
Wolverton Urban District Council	Calverton main drainage.
Wycombe Rural District Council	Lacey Green and Loosley Row main drainage.

Four drainage schemes were submitted and approved during the year, and details of these are as follows:—

Aylesbury Rural District Council	Broughton main drainage. Estimated cost £26,200. Ashendon and Dorton main drainage. Estimated cost £135,500. Worminghall area main drainage, (Brill Common area). Estimated portion of cost £40,000.
Wycombe Rural District Council	Hambleden Valley main drainage. Estimated cost £940,000.

4. Artificial kidney machines

Responsibility for providing the equipment for home dialysis and for training patients and their relatives in its' use, rests with the hospital responsible for the care of the patient. The County Council, however, is required to provide for any adaptation to the home and to the mains services which may be necessary to enable the equipment to be installed.

This presents no great difficulty where an existing room is available for conversion. Where no suitable room exists, the local district council is sometimes able to assist by providing a larger house, although this would normally apply only where the family already occupy a council house. If the need cannot be met by these means, a portable building in the grounds of the property frequently offers the most convenient way of accommodating the dialyser and supporting equipment. Such buildings remain the property of the County Council and can be removed for use elsewhere should the original user cease to require them for any reason.

Where no other suitable arrangements can be made, it may be necessary to build an extension to the home. This course tends to be regarded as a last resort, since it takes longer to design such an

extension and the building work takes some considerable time to complete. This means that the patient may occupy a hospital bed longer than necessary, the beneficial effects of returning to his home surroundings are delayed and the disruption of the normal household routine is greater and more prolonged.

Moreover, the construction of an additional room increases the value of the property and it is necessary for this factor to be taken into account. At the time when tenders are accepted, the County Architect calculates the proportion of the total cost which can be attributed to property improvement and the owner is then asked to repay this sum to the Council, if necessary by instalments related to his financial circumstances but not exceeding £2 per week. The Council, of course, accepts full responsibility for that part of the work which is directly attributable to the needs of the equipment.

Whichever method is finally agreed as being most appropriate for a particular patient careful organisation is necessary to prevent unnecessary delay. First it is essential for a meeting to take place on the site between all interested parties who may include representatives of the patient, the hospital, the County Health and Architects Departments, and in some cases the water undertaking, the local district council or a private landlord. Once the best course of action has been agreed, it is necessary to prepare a specification, frequently to obtain planning permission, and to obtain tenders for the work. When these preliminary processes are complete, there may be some delay before a contractor can start work and allowance has then to be made for the time taken to carry out the necessary alterations. Whilst all this is going on, the patient may well have completed his training in hospital and be anxiously awaiting discharge.

During the year under review, these problems have been intensified as a result of delays of up to 6 weeks in the delivery of portable buildings and increasing difficulty in finding building contractors who are prepared to undertake comparatively small works. So far as the staff of the two County Council Departments are concerned, the sheer growth in the volume of the work has bought its own problems. Formerly it was usually possible to give every patient top priority over all other work but in 1972, there were times when as many as 7 applications were in progress at one time and it was no easy task to decide upon priorities, particularly in the light of conflicting demands from a number of hospitals.

At the end of the year, 22 patients were using home dialysis equipment with the aid of the Council's scheme, 7 more than at the end of 1971. Eleven new referrals were received, one patient died during the year, one received a kidney transplant and one was found after completion of the preparatory work to be unsuitable for home dialysis. The work necessary to provide for the remaining patients was still in progress at the end of the year.

As the number of patients receiving this service increases, a new problem may arise from the fact that the Council does not always receive notification when the need for home dialysis ceases. At the end of the year, plans were well advanced for the introduction of a follow-up system designed to overcome this difficulty.

5. Medical advisory services

(a) General

The Department's role in providing general medical advice to the County Council was described in some detail last year. It is hoped, however, that this report may provide a useful guide to the local authority health services for officers and members of the hospital and family practitioner services who will require this information in preparation for, and following, reorganisation. Since many of them will not have ready access to the previous report, it seems appropriate to include a brief resumé of this aspect of the work of the Health Department.

Each candidate for employment by the authority is required to complete a medical questionnaire and it is usually possible for the medical staff to judge the applicants fitness for the proposed employment from the answers given. In cases of doubt, the responsible medical officer will seek further details, with the candidate's consent, from the general practitioner or consultant who has treated the condition which may affect the applicant's medical fitness for employment. It is not normally necessary for a medical examination to be carried out specifically for this purpose.

The bulk of this work, in so far as it relates to the Council's own staff, is undertaken by medical staff in the area health offices. So far as the Thames Valley Police Authority is concerned, comparatively few of the homes and places of employment of candidates are within the Department's health areas and the medical recommendations for that authority's non-uniform staff is normally made by the principal medical officer for adult health.

In the past there has been no particular need for an attempt to quantify this work and no figures are available in respect of medical questionnaires for County Council staff. In order that the new health authority may have as complete a picture as possible, however, the Area Medical Officers are compiling a statistical summary of this work during 1973. During 1972, questionnaires were received relating to 270 candidates for employment by the police authority, of which 56 required further investigation.

The Department of Education and Science requires that a full medical examination by a school medical officer should be carried out before candidates are accepted for employment as teachers or for admission to colleges of education. This work is normally undertaken by the divisional school medical officer concerned, although reciprocal arrangements with other local authorities enable candidates whose home is outside the county to be examined at a centre conveniently near their home.

The Department's medical staff also undertake blood tests which are required by certain staff of the Bucks Water Board in connection with their employment.

(b) Fitness to drive

Another advisory service provided by the Department is in connection with applications for driving licences. Certain questions relating to the health of the applicant appear on the form of application and, if there is reason to doubt his fitness to hold a licence, the County Treasurer as agent for the Department of the Environment seeks the advice of the Department's medical staff. As with fitness for employment, every effort is made to avoid a special medical examination and the decision is normally based upon a report obtained, with the applicant's agreement, from his family doctor or a consultant. Occasionally it is possible to make a recommendation in the light of information supplied on the application form.

Reference was made last year to the increased number of applications referred for advice as a result of the more liberal approach to epilepsy and similar attacks introduced by new regulations in 1970. In 1972, 250 recommendations were made, compared with 164 in the previous year. Of these, 96 related to drivers already granted licences for limited periods and whose medical condition was reviewed when they applied to renew the licence.

Towards the end of 1972 the National Driver and Vehicle Licensing Centre at Swansea appointed a full time medical adviser and it is expected that during 1973 some of the work involved in determining an applicant's medical fitness to hold a driving licence will be taken over by the centre at Swansea.

(c) Liaison committees on drug dependence and misuse

The problem of drug abuse, particularly among young people, continues to give rise to concern in the county. There is a need for co-operation between professionals likely to meet this situation and those

responsible for preventive action. To facilitate such contact a county drug liaison committee and four area committees were set up in 1971. Their aims are to collate information, to determine action needed and to co-ordinate and evaluate action taken.

The following groups are represented: Education, Health and Social Services Departments of the County Council, probation service, psychiatrists, general practitioners, police and pharmacists. A member of the senior medical staff of the Health Department is the co-ordinator of the committees' activities.

Efforts are made to monitor the drug situation in Buckinghamshire, although information is difficult to obtain. The general practitioners have co-operated throughout the year in a voluntary ban on the prescription of amphetamines with marked success.

Two drug advisory centres are in operation, in Aylesbury and High Wycombe, staffed by experienced personnel from the Ley Clinic, Littlemore Hospital, Oxford. The centres are able to give advice to parents, teachers and others concerned about the drug problem, and also to persons who have started drug taking.

(d) Approval of medical practitioners under the mental health act, 1959.

The Act requires that medical practitioners who give recommendations in cases of mental illness, subnormality or severe subnormality or psychopathic disorder should be approved by the local health authority. Renewed approval is necessary after a period of five years.

In deciding upon applications for approval, or renewal of approval, the County Health Committee is guided by the advice of a local professional advisory panel.

The names and addresses of approved medical practitioners are required by the Social Services Department, who are responsible for the Council's function under the Mental Health Act. The approval of medical practitioners, however, remained the responsibility of the Health Committee and it was found to be rather inconvenient for the necessary clerical processes to be undertaken in the offices at Stocklake. During the year, arrangements were therefore made for this work to be undertaken in the Health Department.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1972

	Causes of Death	Sex	Aggregate of Urban Districts												Aggregate of Rural Districts											
			Under 4 wks.	4 wks.–under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total	Under 4 wks.	4 wks.–under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total
B.4	Enteritis and other diarrhoeal diseases	M	1	2	–	–	–	–	–	–	–	–	–	3	–	–	1	–	–	–	–	–	–	–	–	1
		F	–	1	–	–	–	–	–	–	–	1	1	3	–	–	–	–	–	–	–	–	1	1	–	2
B.5	Tuberculosis of respiratory system	M	–	–	–	–	–	–	–	1	2	1	2	6	–	–	–	–	–	–	–	–	1	–	–	1
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
B.6(2)	Other Tuberculosis	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	1	1	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–
B.9	Whooping cough	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.18	Other infective and parasitic diseases	M	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	1	–	–	–	1
		F	1	2	–	–	–	–	–	1	–	–	1	5	–	–	–	–	–	–	–	–	1	2	1	4
B.19(1)	Malignant neoplasm, Buccal cavity etc.	M	–	–	–	–	–	–	–	–	3	–	–	3	–	–	–	–	–	–	–	–	1	3	2	6
		F	–	–	–	–	–	–	1	1	1	1	–	4	–	–	–	–	–	–	–	–	1	1	1	3
B.19(2)	Malignant neoplasm, oesophagus	M	–	–	–	–	–	–	1	–	5	–	–	6	–	–	–	–	–	–	–	–	4	2	–	6
		F	–	–	–	–	–	–	–	2	1	1	2	6	–	–	–	–	–	–	–	1	5	–	5	11
B.19(3)	Malignant neoplasm, stomach	M	–	–	–	–	–	–	–	4	9	13	6	32	–	–	–	–	–	–	–	5	7	10	11	33
		F	–	–	–	–	–	–	–	1	2	1	13	17	–	–	–	–	–	–	2	1	5	3	12	23
B.19(4)	Malignant neoplasm, intestine	M	–	–	–	–	–	–	1	5	7	11	12	36	–	–	–	–	–	–	–	4	5	8	12	29
		F	–	–	–	–	–	–	1	3	5	10	18	37	–	–	–	–	–	–	3	2	12	10	26	53
B.19(5)	Malignant neoplasm, larynx	M	–	–	–	–	–	–	–	–	1	2	–	3	–	–	–	–	–	–	–	–	–	–	2	2
		F	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
B.19(6)	Malignant neoplasm, lung, bronchus	M	–	–	–	–	–	2	2	13	35	55	22	129	–	–	–	–	–	–	4	13	44	60	25	146
		F	–	–	–	–	–	–	–	2	14	9	7	32	–	–	–	–	–	1	–	6	8	14	9	38
B.19(7)	Malignant neoplasm, breast	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1
		F	–	–	–	–	–	–	4	12	13	9	15	53	–	–	–	–	–	–	7	10	13	19	17	66
B.19(8)	Malignant neoplasm, uterus	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	2	5	1	4	12	–	–	–	–	–	1	2	3	2	4	2	14
B.19(9)	Malignant neoplasm, prostate	M	–	–	–	–	–	–	–	–	1	8	3	12	–		–	–	–	–	–	–	3	9	10	22
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.19(10)	Leukaemia	M	–	–	1	2	1	–	1	3	2	2	3	15	–	–	1	2	1	–	–	1	3	1	3	12
		F	–	–	–	1	–	–	1	2	1	3	4	12	–	–	–	2	–	–	1	–	1	1	3	8
B.19(11)	Other malignant neoplasms,	M	–	–	1	–	–	3	5	10	20	22	19	80	1	–	1	1	1	1	7	8	17	15	19	71
		F	–	1	–	–	–	1	3	13	12	14	29	73	–	–	–	–	–	–	4	8	18	20	31	81
B.20	Benign and unspecified neoplasms	M	–	–	1	–	–	–	–	1	1	–	–	3	–	–	1	–	–	–	–	–	2	–	1	4
		F	–	–	–	1	–	–	1	–	1	–	–	3	–	–	–	–	–	–	1	–	1	–	3	5
B.21	Diabetes mellitus	M	–	–	–	–	–	–	–	–	1	4	4	9	–	–	–	–	–	–	–	–	2	4	1	7
		F	–	–	–	–	–	–	–	1	1	8	12	22	–	–	–	–	–	–	–	2	–	1	11	14
B.22	Avitaminoses etc.	M	–	–	–	–	–	–	1	–	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46(1)	Other endocrine, etc., diseases	M	–	–	–	–	–	–	1	–	2	–	–	3	–	–	1	–	1	–	–	–	–	1	–	3
		F	–	–	–	–	–	–	1	1	1	–	2	5	–	–	–	–	–	–	–	2	–	1	1	4
B.23	Anaemias	M	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	2	3
		F	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	2	2
B.46(2)	Other diseases of blood, etc.	M	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	2	–	1	3
		F	–	–	–	–	–	–	–	1	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–
B.46(3)	Mental disorders	M	–	–	–	–	1	–	–	–	–	–	1	2	–	–	–	–	–	–	–	1	–	–	3	4
		F	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	5	7	12
B.24	Meningitis	M	2	1	–	–	–	–	–	–	–	1	–	4	–	–	–	–	–	–	–	–	1	–	–	1
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46(4)	Multiple sclerosis	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	–	5
		F	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	2	3	–	–	5
B.46(5)	Other diseases of nervous system,	M	–	–	–	1	3	1	–	1	4	4	4	18	–	1	1	1	1	1	1	1	1	1	4	13
		F	–	–	–	–	1	1	–	–	1	3	4	10	–	–	1	–	1	–	–	–	2	5	8	17
B.25	Active rheumatic fever	M	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	2
B.26	Chronic rheumatic heart disease	M	–	–	–	–	–	–	–	–	2	4	2	8	–	–	–	–	–	–	1	1	2	7	2	13
		F	–	–	–	–	–	–	–	2	4	6	7	19	–	–	–	–	2	–	–	2	4	11	9	28
B.27	Hypertensive disease	M	–	–	–	–	–	–	1	2	4	7	7	21	–	–	–	–	–	–	–	3	8	5	1	17
		F	–	–	–	–	–	–	1	1	2	7	14	25	–	–	–	–	–	–	–	2	2	10	15	29
B.28	Ischaemic heart disease	M	–	–	–	–	–	2	11	47	110	115	109	394	–	–	–	–	–	–	10	34	95	146	140	425
		F	–	–	–	–	–	–	3	8	25	60	152	248	–	–	–	–	–	–	–	3	22	78	224	327
B.29	Other forms of heart disease	M	–	–	–	–	–	1	–	–	2	16	36	55	–	–	–	–	–	–	–	1	3	16	34	54
		F	–	1	–	–	1	–	–	2	2	10	58	74	–	1	–	–	–	–	–	1	1	13	45	61
B.30	Cerebrovascular disease	M	–	–	–	–	–	2	3	6	19	35	69	134	–	–	–	–	–	–	1	2	21	43	76	143
		F	–	–	–	–	–	–	2	7	8	37	108	162	–	–	–	–	1	1	3	2	13	40	144	204
B.46(6)	Other diseases of circulatory system	M	–	–	–	–	–	1	–	3	16	15	20	55	–	–	–	–	–	1	2	3	7	21	29	63
		F	–	–	–	–	1	–	1	2	2	10	26	42	–	–	–	–	–	1	–	1	5	8	43	58
B.31	Influenza	M	–	–	–	–	–	1	–	–	–	–	3	4	–	–	–	–	–	1	–	–	–	1	–	2
		F	–	–	–	–	–	1	–	–	–	1	2	4	–	–	–	–	–	–	–	–	1	2	5	8
B.32	Pneumonia	M	–	5	3	–	1	–	1	2	6	17	49	84	1	6	1	–	–	–	–	1	7	28	57	101
		F	–	–	1	–	–	1	–	3	5	11	78	99	1	1	–	–	–	–	1	1	7	18	96	125
B.33(1)	Bronchitis and emphysema	M	–	–	–	–	1	1	–	2	14	32	33	83	–	–	–	–	–	–	–	1	12	31	34	78
		F	–	–	–	–	–	–	–	1	2	9	23	35	–	–	–	–	–	–	–	–	4	9	27	40
B.33(2)	Asthma	M	–	–	–	1	–	–	–	1	–	1	1	4	–	–	–	–	–	–	–	–	–	1	3	4
		F	–	–	1	–	–	–	–	–	–	1	–	2	–	–	–	–	–	–	–	1	2	–	–	3
B.46(7)	Other diseases of respiratory system	M	–	2	–	1	–	–	–	2	2	4	3	14	–	–	–	1	–	–	–	1	1	2	3	8
		F	–	1	1	–	–	1	–	2	3	3	7	18	–	1	1	1	–	1	–	–	2	4	2	12

continued overleaf

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1972—*continued*

Causes of Death	Sex	Aggregate of Urban Districts													Aggregate of Rural Districts											
		Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total	Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total
B.34 Peptic ulcer ..	M	–	–	–	–	–	–	1	–	2	3	2	8	–	–	–	–	–	–	–	–	1	6	2	9
	F	–	–	–	–	–	–	–	1	–	–	4	5	–	–	–	–	–	–	–	1	–	–	8	9
B.35 Appendicitis ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	3
	F	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
B.36 Intestinal obstruction and hernia	M	1	–	–	–	–	–	–	–	–	2	1	4	–	–	–	–	–	–	–	–	–	1	1	1
	F	–	–	–	–	–	–	–	–	–	–	2	2	1	–	–	–	–	–	–	–	2	1	1	5
B.37 Cirrhosis of liver ..	M	–	–	–	–	–	–	–	–	1	1	–	2	–	–	–	–	–	1	–	–	1	2	1	5
	F	–	1	–	–	–	–	–	–	–	2	–	3	–	–	1	–	–	–	1	1	2	2	2	9
B.46(8) Other diseases of digestive system ..	M	–	–	–	–	–	–	–	1	4	6	3	14	–	–	–	–	–	2	–	–	3	2	7	14
	F	1	–	–	–	–	1	–	1	1	5	8	17	–	–	–	–	–	–	–	3	–	5	7	15
B.38 Nephritis and nephrosis	M	–	–	–	–	–	–	1	3	2	4	3	13	–	–	–	–	–	–	–	–	1	5	1	7
	F	–	–	–	–	–	1	–	1	1	1	3	7	–	–	–	–	–	–	–	–	–	1	3	4
B.39 Hyperplasia of prostate	M	–	–	–	–	–	–	–	–	–	–	5	5	–	–	–	–	–	–	–	–	–	1	4	5
	F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46(9) Other diseases, genito-urinary system	M	–	–	–	–	–	–	–	–	–	2	7	9	–	–	–	–	–	–	–	–	1	3	4	8
	F	–	–	–	–	–	–	–	–	–	4	1	5	–	–	–	–	–	–	–	–	–	–	6	6
B.41 Other complications of pregnancy, etc. ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.46(10) Diseases of skin subcutaneous tissue	M	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	1	–	–	1
	F	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	3	4
B.46(11) Diseases of musculo-skeletal system ..	M	–	–	–	–	–	–	–	–	2	5	–	7	–	–	–	–	1	–	–	–	1	1	1	4
	F	–	–	–	–	1	–	1	1	1	4	2	10	–	–	–	–	–	–	–	–	–	1	9	10
B.42 Congenital anomalies	M	5	4	–	1	1	–	1	–	3	–	–	15	1	–	–	1	–	–	–	–	–	1	–	3
	F	7	2	–	1	–	–	–	1	–	–	–	11	6	2	1	–	–	–	–	1	1	–	1	12
B.43 Birth injury, difficult labour, etc. ..	M	7	1	–	–	–	–	–	–	–	–	–	8	6	–	–	–	–	–	–	–	–	–	–	6
	F	5	–	–	–	–	–	–	–	–	–	–	5	4	–	–	–	–	–	–	–	–	–	–	4
B.44 Other causes of perinatal mortality	M	3	–	–	–	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–	–	3
	F	6	–	–	–	–	–	–	–	–	–	–	6	3	–	–	–	–	–	–	–	–	–	–	3
B.45 Symptoms and ill-defined conditions	M	1	4	–	–	–	1	–	1	–	–	3	10	–	–	–	–	1	–	–	–	–	1	3	5
	F	–	8	–	–	–	–	–	–	1	1	6	16	–	1	–	–	–	–	–	–	–	–	7	8
BE.47 Motor vehicle accidents	M	–	–	–	3	12	6	3	2	4	2	3	35	–	–	1	1	15	7	3	4	4	2	3	40
	F	–	–	–	–	3	1	–	–	–	2	1	7	–	–	1	–	4	1	–	1	1	2	2	12
BE.48 All other accidents ..	M	–	2	1	1	1	2	1	1	3	2	2	16	1	–	–	–	5	–	4	3	3	2	4	22
	F	–	–	–	–	–	–	2	–	–	3	19	24	–	–	1	1	1	–	1	2	2	2	29	39
BE.49 Suicide and self-inflicted injuries ..	M	–	–	–	–	1	3	1	2	2	4	2	15	–	–	–	–	4	–	3	2	5	2	2	18
	F	–	–	–	–	–	1	–	2	3	1	–	7	–	–	–	–	1	3	–	4	1	–	1	10
BE.50 All other external causes	M	–	–	–	–	1	–	2	–	1	1	–	5	–	–	–	–	–	–	–	1	1	–	–	2
	F	1	–	1	–	–	–	–	1	–	–	–	3	–	–	–	–	1	–	–	–	1	–	–	2
All causes total	M	20	21	7	10	23	27	38	114	292	405	440	1397	13	7	8	8	30	16	37	92	273	445	509	1438
	F	21	18	4	3	9	10	22	79	119	239	639	1163	15	6	6	4	12	9	26	65	146	295	829	1413
Total		41	39	11	13	32	37	60	193	411	644	1079	2560	28	13	14	12	42	25	63	157	419	740	1338	2851

CHILD HEALTH CLINICS

Clinics	Address	Doctor Attends
Amersham (New Town)	St. John Ambulance H.Q., Chiltern Avenue	Weekly
Amersham (Old Town)	Baptist Church Hall, High Street	Monthly
Aston Clinton	Baptist Church Hall	Do.
Aylesbury	The Clinic, Pebble Lane	Weekly
Aylesbury—Quarrendon	Child Welfare Centre, 1 Lay Road	Weekly
,, Southcourt	Church of the Good Shepherd, Church Square, Southcourt	Twice monthly
,, Bedgrove	The Health Centre, Jansel Square	Weekly
Bletchley	School Clinic, Whalley Drive	Weekly
,,	Methodist Church, Bletchley Road	Twice Monthly
Bourne End	The Community Centre	Weekly
Brill	The Institute	Monthly
Buckingham	Congregational School Room	Monthly
Burnham	Health Centre, Minnicroft Road, off Gore Street	Twice monthly
,, Lent Rise	Methodist Church Hall, Lent Rise	Weekly
Chalfont St. Giles	Scout Hut, Silver Hill	Twice Monthly
Chalfont St. Peter	Community Centre, Amersham Road	Twice monthly
Chartridge	Village Hall	Monthly
Cheddington	Methodist Schoolroom	Monthly
Chesham	The School Clinic, Germain Street	Weekly
,, Pond Park	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
Datchet	Village Hall	Twice monthly
Denham	Health Clinic, Oxford Road	Thrice monthly
Dorney	Village Hall	Monthly
Downley	Memorial Hall	Weekly
Edlesborough	Memorial Hall	Monthly
Eton Wick	Village Hall	Twice monthly
Farnham Common	Village Hall, Victoria Road	Monthly
Farnham Royal	Village Hall	Twice monthly
Farnham Royal, Britwell Estate	Wentworth Avenue, Britwell Estate	Weekly
Flackwell Heath	Community Centre	Weekly
Gerrards Cross	Memorial Hall	Monthly
Great Hampden	Village Hall	Do.
Great Kingshill	Village Hall	Do.
Great Missenden	Baptist Church Hall	Do.
Grendon Underwood	Village Hall	Do.
Haddenham	Village Hall	Do.
Halton (Voluntary)	R.A.F. Camp, Halton	No doctor
Hanslope	Church Institute	Monthly
Hazlemere	Penn Road Methodist School Room	Twice Monthly
High Wycombe	Health Clinic, Abbey Way	Weekly
,, Booker	St. Birinus Church Hall, Sycamore Road	Twice monthly
,, Castlefield	The Health Clinic, Chiltern Avenue	Twice monthly
,, Deeds Grove	Methodist Church, Desborough Avenue	Twice monthly
,, Micklefield	St. Peter's Church Hall	Weekly
,, Sands	War Memorial Hall	Do.
,, Totteridge	St. Andrews Church Hall	Do.
,, West Wycombe	Community Centre	Monthly
Holmer Green	Village Centre	Weekly
Holtspur	Congregational Church Hall, Crabtree Close	Monthly
Horton	Champneys Hall	Do.
Hughenden Valley	Village Hall	No doctor
Iver	Church Institute, Thorney Lane	Monthly
Iver Heath	New Village Hall	Twice monthly
Ivinghoe	Youth Hostel	Twice monthly
Lacey Green	Village Hall	Monthly
Lane End	Memorial Hall	Twice monthly
Lee Common	Ballinger War Memorial Hall	Monthly
Little Chalfont	Little Chalfont Hall	Twice monthly
Long Crendon	Sports Pavilion	Monthly
Loudwater	St. Peter's Church Hall	Twice monthly
Marlow	Health Clinic, Victoria Road	Weekly
Marlow Bottom	Village Hall	Twice monthly
Medmenham (Voluntary)	R.A.F. Camp, Medmenham	No doctor
Naphill	Village Hall	Twice monthly
Newport Pagnell	Congregational Schoolroom, High Street	Monthly
New Beaconsfield	Youth Club, Maxwell Road	Twice monthly
Newton Longville	Methodist Church Schoolroom	Monthly

CHILD HEALTH CLINICS—*continued*

Clinics	Address	Doctor Attends
Olney	Church Hall, High Street	Twice monthly
Prestwood	Village Hall	Twice monthly
Princes Risborough	Parish Church Hall	Twice monthly
Quainton	Memorial Hall	Monthly
Radnage	Cricket Pavilion	Monthly
Richings Park, Iver	St. Leonard's Church Hall, Richings Park	Monthly
St. Leonards-cum-Cholesbury	Village Hall, Cholesbury	Do.
Seer Green and Jordans	Baptist School Room, Seer Green	Do.
Slough	Health Clinic, Burlington Road	Weekly
„ Cippenham	Central Hall, Bower Way	Weekly
„ Parlaunt Park	Parlaunt Road	Do.
„ The Merrymakers Hall	Meadow Road, Langley	Do.
„ St. Michael's	Slough Social Centre, Farnham Road	Do.
„ Wexham Court	Wexham Court, Knolton Way, Slough	Do.
Steeple Claydon	Library Hall	Monthly
Stewkley	Village Hall	No Doctor
Stokenchurch	The Health Centre, Lower Church Street	Monthly
Stoke Poges	Village Hall	Twice monthly
Stone	Village Hall	Monthly
Stony Stratford	Scouts Hut	Do.
Twyford	Village Hall	Monthly
Tylers Green and Penn	Methodist Church Hall, Coppice Farm Rd., Tylers Green	Twice monthly
Waddesdon	Village Hall	Monthly
Wendover	Health Centre	Weekly
Weston Turville	Union Chapel Hall	Monthly
Whitchurch	Methodist Hall	Monthly
Widmer End	Village Hall	Weekly
Wing	Village Hall	Monthly
Winslow	The Health Centre, Avenue Road,	Twice monthly
Woburn Sands	The Institute	Monthly
Wolverton	Scouts' Hall	Monthly
Wooburn Green	St. Mary's Hall	Twice monthly
Wraysbury	Village Hall	Monthly
Child Health Clinics at Family Doctors' Surgeries		
Bradwell	122 Newport Road	Twice monthly
Beaconsfield	Whin Willow, Pennington Road	Monthly
„	51 Wycombe End	Twice monthly
Colnbrook	Colnbrook	Weekly
Eton	Eton Court House	Monthly
High Wycombe	24 Priory Avenue	Weekly
„	169 West Wycombe Road	Weekly
„	46 St. Mary's Street	Monthly
Penn & Tylers Green	Madryn	Weekly
Princes Risborough	The Old Cross Keys	Weekly

MOBILE HEALTH CLINICS

(Doctor attends each session)

Monthly Session	Villages Visited
First Monday (afternoon)	Chearsley, Cuddington, Dinton.
Fourth Monday „	Stoke Hammond, Mursley, Little Horwood.
First Tuesday (morning)	Bierton.
First Tuesday (afternoon)	Slapton, Ivinghoe Aston, Marsworth.
Second Tuesday (morning)	Preston Bissett, Tingewick, Gawcott.
Second Tuesday (afternoon)	Castlethorpe, Haversham.
Fourth Tuesday „	Longwick, Great Kimble, Butlers Cross.
First Thursday	Wingrave.
Second Thursday „	Adstock, Padbury.
Third Thursday „	Shabbington, Ickford, Worminghall, Oakley.
First Friday (morning)	Thornborough, Nash, Whaddon.
First Friday (afternoon)	Bow Brickhill, Little Brickhill, Great Brickhill.
Second Friday (morning)	Stoke Goldington, Lavendon.
Second Friday (afternoon)	Astwood, North Crawley, Sherington.
Third Friday (morning)	Lillingstones, Akeley, Maids Moreton.

TABLE I SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1972

DISTRICT	Tuberculosis: Respiratory	Tuberculosis: Other	Scarlet fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomyelitis: Paralytic	Acute Poliomyelitis: Non-paralytic	Acute Encephalitis: Infective	Acute Encephalitis: Post infectious	Dysentery	Ophthalmia neonatorum	Infective Hepatitis	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Malaria
URBAN																				
1. Aylesbury Borough ..	12	1	–	–	–	114	–	3	–	–	1	–	–	–	5	–	–	–	7	1
2. Beaconsfield	2	–	–	–	–	44	–	–	–	–	–	–	–	–	4	–	–	–	–	–
3. Bletchley	4	3	21	3	–	115	–	1	–	–	–	–	13	–	57	–	–	–	6	–
4. Buckingham Borough ..	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Chesham	4	–	–	1	–	11	–	–	–	–	–	–	2	–	2	–	–	–	3	–
6. Eton	–	–	–	–	–	4	–	–	–	–	–	–	1	–	–	–	–	–	–	–
7. High Wycombe Borough	14	11	4	–	–	12	–	–	–	–	–	–	1	–	3	–	–	–	2	1
8. Marlow	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
9. Newport Pagnell ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
10. Slough Borough ..	39	27	4	–	–	208	–	1	–	–	–	–	2	–	1	–	–	–	3	8
11. Wolverton	–	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–
TOTAL URBAN ..	79	42	31	5	–	509	–	5	–	–	1	–	19	–	72	–	–	1	23	10
RURAL																				
1. Amersham	6	2	19	4	–	127	–	–	–	–	–	–	2	–	4	–	–	–	39	–
2. Aylesbury	2	–	–	–	–	31	–	–	–	–	–	–	1	–	1	–	–	–	3	–
3. Buckingham	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–
4. Eton	8	1	2	–	–	106	–	2	–	–	–	–	2	–	6	–	–	–	3	–
5. Newport Pagnell ..	1	–	–	–	–	29	–	–	–	–	–	–	–	–	4	–	–	–	–	–
6. Wing	1	–	2	–	–	23	–	2	–	–	–	–	1	–	–	–	–	–	–	–
7. Winslow	–	–	1	–	–	13	–	–	–	–	–	–	1	–	1	–	–	–	3	–
8. Wycombe	2	2	3	2	–	29	–	–	–	–	–	–	25	–	1	–	–	–	3	–
TOTAL RURAL ..	20	5	27	6	–	360	–	4	–	–	–	–	32	–	17	–	–	–	52	–
TOTAL FOR COUNTY ..	99	47	58	11	–	869	–	9	–	–	1	–	51	–	89	–	–	1	75	10

TABLE II POPULATIONS, BIRTH AND DEATH RATES FOR THE YEAR 1972

District	* Population Census 1971	Registrar-General's estimated population mid 1972	Births: Number	Births: Rate per 1,000 population	Deaths: Number	Deaths: Rate per 1,000 population
URBAN						
Aylesbury	40,569	40,860	635	15.5	334	8.2
Beaconsfield	11,875	11,800	113	9.6	82	6.9
Bletchley	30,627	31,990	701	21.9	203	6.3
Buckingham	5,076	5,200	78	15.0	47	9.0
Chesham	20,447	20,730	403	19.4	189	9.1
Eton	3,956	4,880	37	7.6	34	7.0
High Wycombe ..	59,340	60,510	1,045	17.3	545	9.0
Marlow	11,749	11,720	216	18.4	99	8.4
Newport Pagnell ..	6,334	6,660	133	20.0	108	16.2
Slough..	87,075	88,420	1,538	17.4	742	8.4
Wolverton	13,821	13,810	223	16.1	177	12.8
TOTAL URBAN ..	290,869	296,580	5,122	17.3	2,560	8.6
RURAL						
Amersham	68,496	69,300	890	12.8	650	9.4
Aylesbury	38,552	38,450	583	15.2	398	10.4
Buckingham	9,557	10,190	152	14.9	103	10.1
Eton	72,051	73,000	838	11.5	694	9.5
Newport Pagnell ..	15,841	16,430	258	15.7	216	13.1
Wing	10,754	10,920	207	19.0	103	9.4
Winslow	10,127	10,370	167	16.1	141	13.6
Wycombe	71,312	73,050	1,173	16.1	546	7.5
TOTAL RURAL ..	296,690	301,710	4,268	14.1	2,851	9.4
TOTAL COUNTY ..	587,559	598,290	9,390	15.7	5,411	9.0
ENGLAND AND WALES		49,028,900	725,405	14.8	591,907	12.1

* Adjusted totals. Figures in 1971 report were provisional.

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1963-1972

YEAR	BIRTH RATE per 1,000 population				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births			
	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales
1963	20.8	17.6	19.2	18.2	9.3	10.5	9.9	12.2	17.7	17.6	17.7	20.9
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0
1965	20.9	18.4	19.6	18.1	8.4	9.3	8.9	11.5	13.2	16.9	14.9	19.0
1966	20.6	17.3	18.9	17.7	8.9	9.5	9.2	11.7	15.0	16.9	15.9	19.0
1967	19.6	16.6	18.1	17.2	8.6	9.2	8.9	11.2	14.7	16.9	15.7	18.3
1968	19.2	16.5	17.9	16.9	8.8	9.4	9.1	11.9	15.0	12.0	14.0	18.0
1969	18.8	15.6	17.2	16.3	8.5	9.3	8.9	11.9	16.0	10.0	13.0	18.0
1970	17.9	15.7	16.9	16.0	8.3	9.5	8.9	11.7	17.0	11.0	15.0	18.0
1971	18.5	15.4	16.9	16.0	8.4	9.0	8.7	11.6	19.0	12.0	16.0	18.0
1972	17.3	14.1	15.7	14.8	8.6	9.4	9.0	12.1	16.0	10.0	13.0	17.0

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

Nursery schools	1,114
Primary schools (including nursery classes)	66,604
Secondary modern schools	25,983
Selective secondary schools	13,677
Comprehensive schools	3,100
Special schools	1,454
Total..	111,932

MEDICAL EXAMINATION OF SCHOOL CHILDREN

1. General

School doctors are concerned with those aspects of health which could interfere with a pupil's ability to benefit from education. In addition to their medical background they require a sound knowledge of the schools and a close working relationship with the teachers.

Their duties may be summarised as follows:—

(a) Establish working arrangements with the head teacher.

(b) Advise the school staff on any medical matters arising out of and having an effect on school activities.

(c) Conduct medical examinations on all children shortly before or after first school entry. Take part in the selective procedures for medical examination for the intermediate and school leaver age groups.

(d) Advise school nurses, matrons and other health personnel of any necessary work in the schools appropriate to their duties, and with the nursing officers carry out a form of instruction in any matters requiring such instruction.

(e) Investigate those children thought to require special educational treatment and ascertain their requirements or make arrangements for this ascertainment to be carried out by an approved doctor, and inform the divisional school medical officer of any recommendation involving a change of school.

(f) Identify children whose progress and development gives cause for concern and examine them to exclude a medical cause and advise teachers on any health aspect which might affect their education.

(g) Advise the head teacher, Careers Officer and parents of any child whose career prospects might be affected by their medical condition. Certify the fitness or otherwise of children undertaking part-time employment during their school lives.

(h) Ensure that vaccination and immunisation procedures for pupils of school age are carried out according to current policy in Buckinghamshire.

(i) Maintain adequate and appropriate medical records of each school child.

(j) Ensure that any matters requiring the attention of the Principal School Medical Officer or Chief Education Officer are brought to the attention of the Principal School Medical Officer through the divisional school medical officer.

(k) Advise and if necessary, take part in any health education programme agreed with the head teacher, acting in co-ordination with the area health education officer. Encourage the promotion of an adequate health education programme.

(l) Attend appropriate and relevant school staff meetings, case conferences, etc. concerned with the wellbeing of any child of that school.

(m) Such other duties as may be requested from time to time by the Principal School Medical Officer.

It is clear that the role of the school doctor is an important one which must be maintained in the impending changes brought about by reorganisation of the National Health Service. Working closely

with the school doctor is the school nurse and a list of her duties would show a similar emphasis on the need for knowledge of the school environment. The medical and nursing staff visit all schools on a regular basis at least once every term. This enables a closer working relationship with the teachers to grow. Medical examinations take place when the child is first admitted to school and thereafter only when the teacher, parent or doctor requests it.

2. Initial school medical examination

A full medical assessment including a screening test of visual acuity and hearing takes place at about the time when a pupil is first admitted to school. It is the initial, and for many children the only, medical examination associated with the school health service and it follows the earlier routine examinations held at child health clinics, general practitioners premises or health centres, to assess the child's developmental progress.

During 1972 a total of 11,219 pupils born in 1966 or later were examined and of these 1,107 (9.9%) had defects. Those needing treatment were referred to their family doctor or following consultation to the appropriate specialist department.

3. Selective medical examination at intermediate age group

Teachers and others bring to the notice of the school doctor those pupils whose health is causing concern or who are not making satisfactory progress at school and, where appropriate, medical examinations are arranged at any time during the pupil's school career.

However, there are many children who do not come into these categories and it is considered necessary that the parent of every pupil should be given an opportunity to ask, on behalf of their child, for a medical consultation with the school doctor. For this reason when the pupils reach the eleven year old age group the selective procedure for medical examination takes place. The parents complete a questionary which, with information from the teacher, school nurse and other appropriate personnel, is studied by the school doctor. A medical examination is then arranged for all pupils who, from the information available, it is considered may benefit from medical assessment and advice. Where the parental questionary is not returned further enquiries are made.

As there has been a shortage of medical staff, especially in one division, the number of pupils for whom the selective procedure has been carried out has been lower than would be expected. In the group of pupils born in 1960 to 1963 inclusive, 6,817 were considered by the selective procedure for medical examination and of these 3,514 were examined and 475 (13.5%) had defects, excluding dental caries, which required treatment.

4. Selective medical examination at the leaver age group

A similar procedure is carried out during the pupils final year of compulsory school age. This enables guidance to be given to pupils who are seeking employment and is of particular importance when a medical condition exists which might influence the young person's choice of employment, it also allows appropriate advice to be sent to the Careers Officer. Of the 3,643 pupils who were considered, 1,603 were examined and 180 (11.2%) had defects which required treatment.

5. Computer

During the year arrangements were completed for the school medical records to be held on the computer. A working party, under the chairmanship of a principal medical officer started its deliberations in March with the following terms of reference:—

> "To investigate the full administrative, financial and staffing consequences, and timetable for the introduction of computerisation of records in the child health service with special reference to the school health service, to define the benefits of such a scheme, and to make recommendations to the County Medical Officer."

The membership included a wide range of expertise from the Departments of the County Treasurer and Chief Education Officer, general practice, medical, nursing and clerical staff and the Oxford Community Health Project.

The working party was able to report in June and the scheme was approved. The preparatory work necessary for implementation, with which both the Health Department and the Finance Department were involved, started in July and continued throughout the remainder of the year. The scheme was introduced in the Aylesbury and North Bucks areas of the county from January 1st 1973, and it is proposed to add the records for the pupils in the High Wycombe and Amersham divisions in 1974.

HANDICAPPED PUPILS

1. Special schools

Greater parental awareness of the services to which handicapped children are entitled has led to an increased use of available facilities and where additional provision has been made it becomes fully occupied as soon as it is ready and a waiting list builds up.

During the last twelve years the number of handicapped pupils for whom special schooling was recommended increased threefold. In 1960, when the school population was 73,017, there were 767 pupils (1.1%) being educated in special schools, units, groups or at home, and in the county there were only four special schools catering for 425 handicapped children. At that time 306 pupils were on a waiting list for admission to a special school or unit. In 1972 the school population had risen to 111,932 of whom 2,393 (2.1%) were handicapped sufficiently to require education other than in the ordinary school. There are now twenty-seven special schools or units in the county catering for 1,800 pupils and yet there are still 413 children on a waiting list for admission to a special school or unit.

The graph shows the increase in the number of handicapped pupils, other than those in ordinary schools, over the last six years, and in the following paragraphs the different types of handicap as described in the Handicapped Pupils Regulation 1953 are mentioned in greater detail.

2. Specific handicaps

During the year 470 pupils were ascertained as handicapped requiring special education compared with 386 in 1971.

Blind

There are 15 blind children in the county, two of whom were newly assessed during the year and six were awaiting placement in special schools. The diagnosis is often made in infancy and while special schooling will be necessary later the benefits of home care are more important initially.

Partially sighted

There are 17 partially sighted pupils four of whom were newly assessed during the year. One was awaiting placement at the end of the year.

Deaf

The 28 deaf pupils have all been placed in special schools except one who was newly assessed towards the end of the year.

Partially hearing

There are 57 partially hearing pupils, one of whom was awaiting placement at the end of the year. Eighteen were newly assessed during the year.

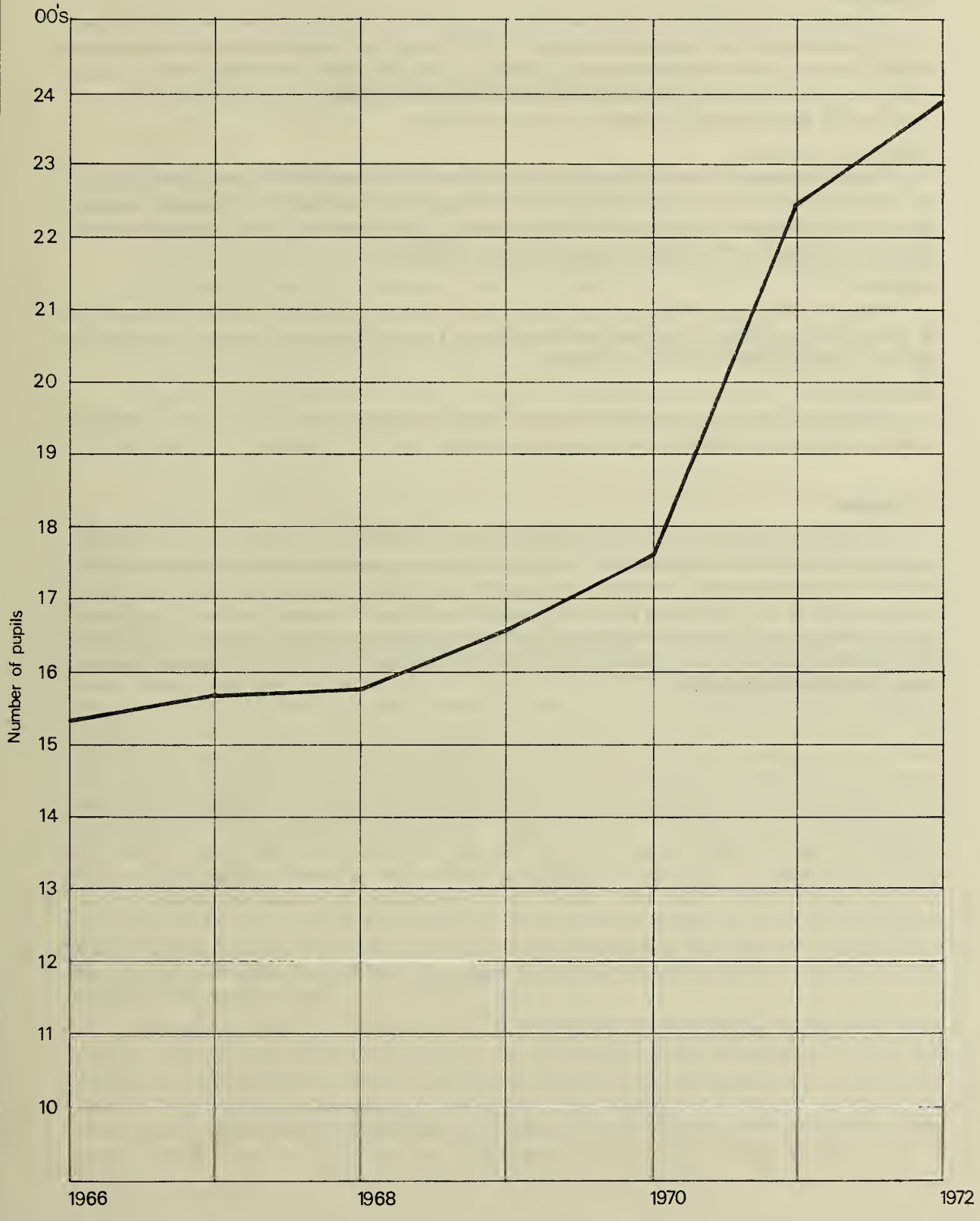
Physically handicapped

Of the 139 physically handicapped pupils in the county, thirty-one were newly assessed during the year and ten were awaiting places in suitable schools at the end of the year.

Delicate

There are 26 delicate pupils, mainly children with asthma or a debilitating disease of some kind. Nineteen were newly assessed during the year and six were awaiting placement at the end of the year.

Handicapped pupils requiring special education in special schools, units or at home.



Maladjusted

The number of children classified each year as maladjusted continues to increase. In 1972 there were 250 such pupils, the corresponding figure for 1971 being 224. The increase does not necessarily indicate that the amount of maladjustment generally is increasing, but reveals the need for a service within the community which had not been demonstrated earlier. Eighty-two pupils were newly ascertained and 49 were awaiting placement at the end of the year.

Educationally subnormal

These pupils are now often referred to as slow learners. There were 1844 children in this category, 101 more than in 1971. A total of 299 was newly ascertained during the year. No less than 336 children were awaiting placement at the end of the year, some of whom were not attending special schools because their parents were unwilling to agree to them doing so.

Epileptic

There are nine pupils whose epilepsy is such that education in a special school is necessary, all of whom have been placed in suitable boarding schools. The vast majority of pupils with epilepsy are educated without difficulty in ordinary schools.

Speech defects

Eight pupils have been ascertained as having severe speech defects and six of them were admitted to a new language unit opened in Booker during the year.

3. General

Ever since the formation of the school health service in 1908, medical advice on the care of handicapped pupils has been the responsibility of school medical officers employed by the education authority. From 1974 this will not be the case and close links which have been forged between the various organisations caring for the handicapped pupils will become increasingly important. Fortunately good working relationships exist between colleagues in the Health, Education and Social Services Departments, and it is hoped that these will continue after the reorganisation of local government and the National Health Service has taken place.

SPEECH THERAPY SERVICE

1. General

A full review of the speech therapy service in the county took place in 1969. The following paragraphs from that report describe the changing role of speech therapy:—

> "Children must now acquire a greater skill in the use of language if they are to be able to communicate sufficiently to enable them to learn the subjects necessary for their future employment, to profit fully from the increasing leisure they expect to enjoy in the future, and to adapt to rapidly changing social conditions.
>
> In keeping with this changing pattern the aims of speech therapy have become better known and the service has grown to include assessment, diagnosis and treatment which takes place with colleagues in related professions such as medicine, psychology and teaching. The result is that speech therapists now treat a wide range of children and adults who, because of lack, loss or disturbance of language, voice, articulation or fluency, experience difficulty in communicating with other people in their environment."

In this county closer working relationships with speech therapists based at the hospitals have been achieved during the year. Both groups have similar aims in the diagnosis and treatment of patients.

2. Staff

The establishment of speech therapists was increased to fifteen in April 1972 when a new post was created to serve the High Wycombe area. In addition to the County Senior Speech Therapist there is now an establishment of four area senior speech therapists, together with two posts of speech therapist in each of the North Bucks, Aylesbury and South Bucks areas and four speech therapists to cover the large Wycombe area. In view of the fact that a high proportion of speech therapists are married women with family commitments, many of them are employed on a part-time or sessional basis. Ten speech therapists left the service during 1972, four of whom were employed full-time and six part-time. To cover this loss it was possible to appoint eleven therapists, two to work full-time and the others on a part-time or sessional basis. In addition, three speech therapists already working for the County Council increased their number of sessions. The net result was that by the end of the year the equivalent of just over two whole-time posts on the establishment were vacant. There is a national shortage of speech therapists and the main source of recruitment has been by personal contact and invitation of all speech therapists living in or near the county to attend in-service training days. This approach, together with a flexible attitude towards part-time work, has helped to maintain the level of service in spite of an acute shortage of trained personnel.

Seven meetings were held in Aylesbury for local authority speech therapists during 1972. These meetings were very well attended and continue to be an invaluable means of working as a group, thus reducing the sense of isolation suffered by most speech therapists and enabling them to co-ordinate their work and discuss problems. In addition, a one-day in-service training course was held at Green Park, Aston Clinton, in June and this was attended by 27 speech therapists. Eleven speech therapists attended courses outside the county including the sixth national conference for speech therapists held in Bedford.

Miss Bond, the County Senior Speech Therapist, was granted three weeks' study leave which enabled her to take advantage of an invitation to visit Houston, Texas, U.S.A. She was able to meet speech pathologists in a number of hospital and school centres in Houston and Galveston and given the opportunity to see a great deal of the organisation of speech pathology in Texas. Miss Bond was also invited to a two-day course attended by over seventy speech pathologists from various parts of the United States and this gave a wide view of the differences in training and methods of treatment practised there.

3. Statistics

The following table shows the increasing numbers of children receiving speech therapy over the past four years:—

	1972	1971	1970	1969
North Bucks area	613	527	497	333
Aylesbury area	501	297	355	251
Wycombe area	1,010	782	621	219
South Bucks area	378	358	337	292
Total	2,502	1,964	1,810	1,095

This work was mainly carried out in 24 centres throughout the county, including four health centres, at which a total of 64 sessions per week was provided. Details of the centres used during the year are given on page 130.

In addition to their main task of providing examination and treatment for children with speech defects, the speech therapists give lectures to various groups who may meet such children in the course of their work. A total of 35 lectures and talks was given during the year, the audiences consisting of teachers, health visitors, nurses and parents.

Ten speech therapy students from three of the speech therapy training schools in London came to Buckinghamshire during the year, some coming each day for two weeks and others once a week for a term. This practical training is of great value to the students and represents another possible source of recruitment to the service.

4. Mobile unit

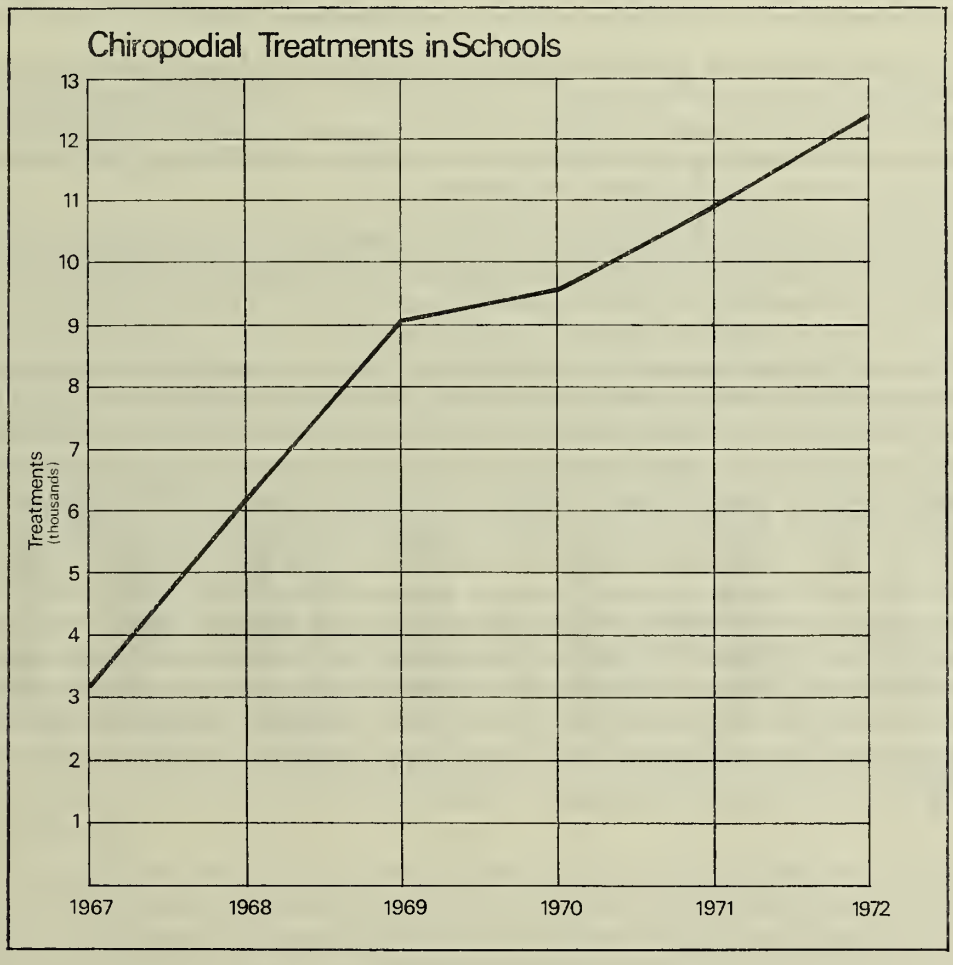
The mobile unit operated in South Bucks during the early part of the year until the speech therapist who was using it left the service. At that time there was a special need for these facilities in the Aylesbury area but, because of staff shortage, this was not possible until later in the year when, following the recruitment of two additional speech therapists, the unit was used to provide six sessions a week covering eight schools in the rural parts of that area.

SCHOOL CHIROPODY SERVICE

Mr. J. D. Idris-Evans, County Chiropodist, has submitted the following report:—

"The School Chiropody Service, which started in 1964, has continued to expand during the past year. In 1972 the total number of treatments given to school children was 12,222 compared with 10,919 in 1971. The graph shows how the service has increased over the last five years.

In the past the accent has had to be on acute conditions such as verruca, ingrowing toenails and fungus infections. However, the service is now establishing itself and greater emphasis is being placed on the preventive aspect including the prevention of structural and functional defects.



With the appointment of area chiropodists in each of the health areas it has been possible to arrange visits to nearly every secondary and special school in the county on a weekly basis. With regard to primary schools, the present staffing position, together with the geographical location and numbers of such schools makes regular treatment and/or inspection sessions impractical.

However, foot inspections are arranged where a special request is made by the head teacher or school medical officer. To provide treatment generally for these groups, clinics are planned on a central basis. The first of these clinics was opened in Pebble Lane, Aylesbury in June and in the seven months to the end of December 1972, a total of 500 treatments had been given. Further clinics are planned for Bletchley, High Wycombe and Wolverton.

Surveys have indicated that many foot deformities, particularly of the fore-foot, are caused by ill-fitting footwear. Children's feet are soft and malleable and unfortunately badly fitting footwear often passes unnoticed or may even be deliberately ignored. There is a very high incidence of ill-fitting footwear amongst children, especially that worn by teenage girls. The reasons for wearing such footwear varies but includes such factors as economic considerations, ignorance and fashion. There is also the important consideration that only a very small percentage of shops stock an adequate range of fittings and half sizes to fit the full range of children's feet.

Shoes are far too important to be treated as just articles of clothing. A child cannot be regarded as healthy with unhealthy feet. Since children, and indeed adults, have to wear shoes they should be encouraged to take more care when purchasing them.

Much more emphasis is now being placed by the full-time staff on foot health education both by working in schools and by talking to parent groups. It is particularly disturbing to note the number of complaints made by parents about the irresponsible attitude of many shoe retailers who make little attempt to fit children's feet. It is apparent that the foot health education side of our work will have to be increased considerably.

The Chancellor of the Exchequer, in order to seek advice on the question of V.A.T. and children's shoes, established a Committee under the chairmanship of Mrs. Alison Munro, C.B.E. to look into the problems of children's footwear and their feet. This Committee was very forthright in its report stating that there is a definite connection between certain deformities of the fore-foot and ill-fitting footwear (including hosiery). The Committee stressed the need to educate both parents and children to wear well-fitted shoes. They also though that at national level foot health education was not being given its proper importance and that health education officers at local level should be asked to ensure that foot health education is given due prominence. The Munro Committee was discouraged by the quality of most of the foot health education material currently available and felt that this material lacks 'punch'. They were only able to comment favourably on two examples as being good material; these were firstly the B.M.A. sponsored film 'The Five', together with its booklet 'Jane and Miranda' and secondly the Foot Health Teaching Pack prepared and developed by the Chiropody and Health Education Sections of the Buckinghamshire County Council. The pack was examined by the Committee who considered it was an excellent example, using the latest educational methods, of a way in which the teaching of foot health education can be related to the ordinary school curriculum. The pack has been on trial in schools and colleges of education in the County and it is hoped that it will be available nationally in 1973."

CHILD GUIDANCE SERVICE

Details of referrals and waiting lists are as follows:—

	Clinic					
	Aylesbury	*Bletchley*	*Chesham*	*High Wycombe*	*Slough*	*Total*
Number of children—						
on waiting list 1st January ..	25	49	11	61	34	180
newly referred during the year ..	109	70	92	163	237	671
on waiting list 31st December ..	44	45	13	82	25	209

The comments which follow are based upon reports submitted by the consultant psychiatrists in charge of the various clinics.

The High Wycombe clinic had a busy if somewhat difficult year. Dr. Janet Lindsay, Consultant Psychiatrist, left in June to take up a post in Oxford and, although it was possible to make locum arrangements, a permanent appointment was not made until early in 1973. As a consequence the number of new cases seen by a psychiatrist at this clinic shows a reduction on the previous year though many of the cases on the waiting list have been seen by psychologists, social workers and the psychotherapist.

Diagnostic and therapeutic services are also provided at the educational therapy unit at 88 Roberts Road which is closely associated with the clinic. The work with expectant mothers and mothers of very young children has continued to develop and there are now three weekly mothers' groups.

The two psychologists have taken their part in the clinic team, being involved with diagnostic and assessment procedures and also with treatment. In addition to their ordinary casework in the school psychological service, they have initiated a system of informal seminars and discussion groups for the staff in some schools on a regular basis.

A small group which originally met weekly at the clinic for linguistic training was transferred to the new unit for eight language impaired pupils which opened at the Booker Hill County Primary School during the year. One of the psychologists continues her interest in children with this problem and visits the unit on a regular basis.

The pressure on the clinic and school psychological service continues to increase because of the growth in population and also the greater knowledge and acceptability both to doctors and patients of the services offered.

The Slough clinic has tried to extend its' preventive and consultative services with the aim of identifying problems earlier and offering a wider service to other agencies in the community who have responsibility for children and their families. Regular meetings take place with health visitors, school medical officers, probation officers, social workers and staff of schools. The clinic team meetings with the first year tutors in one secondary school, which started last year, have continued and a similar pilot study is now taking place in one junior school where the needs of the individual children and the coping mechanisms in the class are being discussed. This contact with schools has proved very valuable and is an area of work which the team would like to extend if more time was available.

Mrs. Blank, Psychiatric Social Worker at the Slough clinic, is continuing her work counselling bereaved families and has won the Mental Health Research Fund prize for her paper on "Crisis consultation" which describes this service.

During the year a diagnostic unit has been started at Slough for children with multiple handicaps whose educational placement is in doubt. Dr. Myant, together with members of the clinic staff, a speech therapist and a teacher, form the multi-disciplinary team.

New child guidance facilities are planned to form part of the proposed health centre development at Amersham and of the central child health clinic in Aylesbury, and it is hoped that these projects will commence in 1973. The Amersham child guidance clinic will replace the present clinic at Chesham. The new premises will include a clinic teachers' classroom, a tutorial room, an interview room, a student/trainees room, and a children's play area. These facilities will make possible a fuller adoption of those advances of thinking in the child guidance sphere that have been growing in recent years.

Teaching will become more practicable with the provision of room for students, the practice of family psychiatry will be rendered easier with the existence of adequate waiting room space, the concept of looking outwards into the community will be achieved more easily with the improved facilities for inter-disciplinary discussion, and the need for Chesham mothers and young children to attend for group therapy at High Wycombe will cease to obtain. A health centre is clearly the ideal situation for the average child guidance clinic, avoiding the infliction of a sense of oddness or of serious illness, while providing easy access to general practitioners, health visitors and the other colleagues of commonest need and greatest relevance.

In November 1972, a meeting of the staff at the clinics was held to ascertain their views about the future of the child guidance service. There was complete unanimity that the team as at present should be maintained and that no loss in specialisation should occur. These views were taken into consideration by the working party set up in the county to consider the future of the service. In spite of the insecurities felt regarding their future, the personnel have continued as in earlier years to provide an increasing amount of help to clients and their families.

HEALTH EDUCATION

The number of health education sessions carried out by the staff of the Department rose during the year to 1,518 with schoolchildren at various levels, and to 306 in respect of students engaged in some specific course of study. These figures are encouraging, but even more welcome is the friendly co-operation that exists, and continues to expand, between the health education staff and the staffs of the various schools.

At a time when schools are being relied upon to an increasing extent to provide not only an academic education, but also instruction for the wider aspects of life, it is essential that teachers should be able to find support in areas that require specialised knowledge. Whilst much health education is aimed at providing children with basic knowledge, other parts of programmes are planned to deal with problem orientated spheres such as drug taking, venereal diseases, smoking and behaviour. Such spheres, involving as they do personal attitudes and relationships, present considerable difficulties and the health education section tries to assist teachers in this work.

Very often parents today do not play their full part in trying to understand the problems and feelings of their growing children, and giving them the precepts that they should. It is distressing to hear so many young teenagers say "I can't talk to my parents about these things!" Endeavours are made to interest parent groups and to increase their knowledge and awareness of important health matters but so often meetings are very badly attended. It is difficult to escape the impression that in many instances where the parents should be co-operating with the school for the benefit of the child, the school is left to do the job alone.

Courses held in teachers' centres and schools on health subjects are invariably well attended and appreciated, and every effort will be made to expand this part of health education work.

Courses organised during 1972 included the following topics:—

A six week course on school health for primary school teachers;

Talks and discussions in individual schools, with staff members, on drug dependence and misuse;

A one day seminar for head teachers on drug problems;

A course for teachers on first-aid;

and sessions for staff members on visual aids in sex education.

SCHOOL DENTAL SERVICE

Report by C. H. Griffiths, Principal School Dental Officer

1. Introduction

The dental staff of the county provide inspection and treatment for the following groups:—

(i) children in schools administered by the County Council under the Education Acts 1944 and 1953; (ii) expectant mothers and pre-school children under the National Health Service Act 1946; (iii) handicapped children and those in the care of the local authority.

Dental health education for mothers and children forms another important part of the preventive work provided by the dental service.

The County's dental services commenced in the 1920's on a part-time basis, and in 1929 the first three full-time dental officers were appointed. In 1933 the chief dental officer's post was created. Treatment was provided in adapted premises and the service continued to expand slowly during the 1930's and 1940's until, in 1950, the building of a number of new purpose-built clinics commenced.

In 1957 the first full-time orthodontist was appointed and the demand for this specialised form of dentistry has increased over the years.

The first mobile dental caravan commenced service in the 1950's and the need has expanded so that four of these clinics are now available to take dental treatment to children attending rural schools.

In 1962 the County Council employed the first dental auxiliary and there are now three of these ancillary dental workers on the staff. They carry out treatment for children under the direct supervision of a dental officer and also do work in dental health education and other fields. Dental auxiliaries have made a most valuable contribution to the improvement in the dental health of the children in Buckinghamshire, and it is hoped that their training facilities will be increased so that more of them will be available to carry out this important work for which they have proved to be well-fitted.

The provision of treatment for children in the urban areas is carried out from static clinics which have from one to four surgeries, and at present there are 24 surgeries in use. In addition plans are well advanced for the provision of new dental suites in some of the health centres now being built. The new city of Milton Keynes will have dental surgeries in all of the health centres, the first of which has recently been opened in Water Eaton.

One of the significant changes that has been seen over the years since the inception of the school dental service in Buckinghamshire is the much greater interest taken by the parent and patient in the maintenance of their dental health. It is now unusual to find very many children who have neglected teeth when the school dental inspection is carried out; this is in sharp contrast to the dental condition of schoolchildren seen in the county in the 1930's and 1940's. More children are now seeking treatment, both from the general dental service and from the school dental service. The favourable ratio between the number of permanent teeth that need to be extracted and those that can be conserved illustrates the success of the preventive approach to dentistry for children.

It is hoped that with the new concept of the "dentist for the community" who can look at the needs of all age groups a better service can be provided when the reorganisation of the National Health Service takes place in 1974. There will still be a need for an efficient and well-staffed service for the

priority groups, and it is evident that the sort of development and co-operation between all branches of the dental service that has been fostered in this county will be important in the creation of a unified and truly comprehensive service for the community.

2. General

Further expansion of the school dental service, especially in the fields of orthodontics and prevention, took place during the year. Preventive dentistry, in all its forms, received priority and the dental officers and auxiliaries explored new concepts of treatment of a preventive nature.

The work in the four mobile dental caravans increased and some new schools were added to those visited in previous years. Children from over 50 schools were treated in these mobile surgeries which were parked on the school premises, and the time saved by taking the treatment to the patient was greatly appreciated by parents and school staff.

The orthodontic service again expanded and this specialised treatment is being increasingly appreciated. This year 645 children commenced orthodontic treatment and the number of orthodontic appliances fitted showed an increase over all previous annual statistics. The inspection and treatment of handicapped children continued to receive high priority and good liaison with the hospital service for the treatment of some of the more severely handicapped has been developed.

A happy relationship has been established between the dental officers and the head teachers and staff, and this is invaluable in furthering the campaign of dental health education in the County Council's schools.

3. Clinics and health centres

The replacement of obsolete equipment in some of the clinics has proceeded and the general standard is now very good. In addition some new items are being tested clinically before final decisions are made regarding equipment for the new dental surgeries at present being planned.

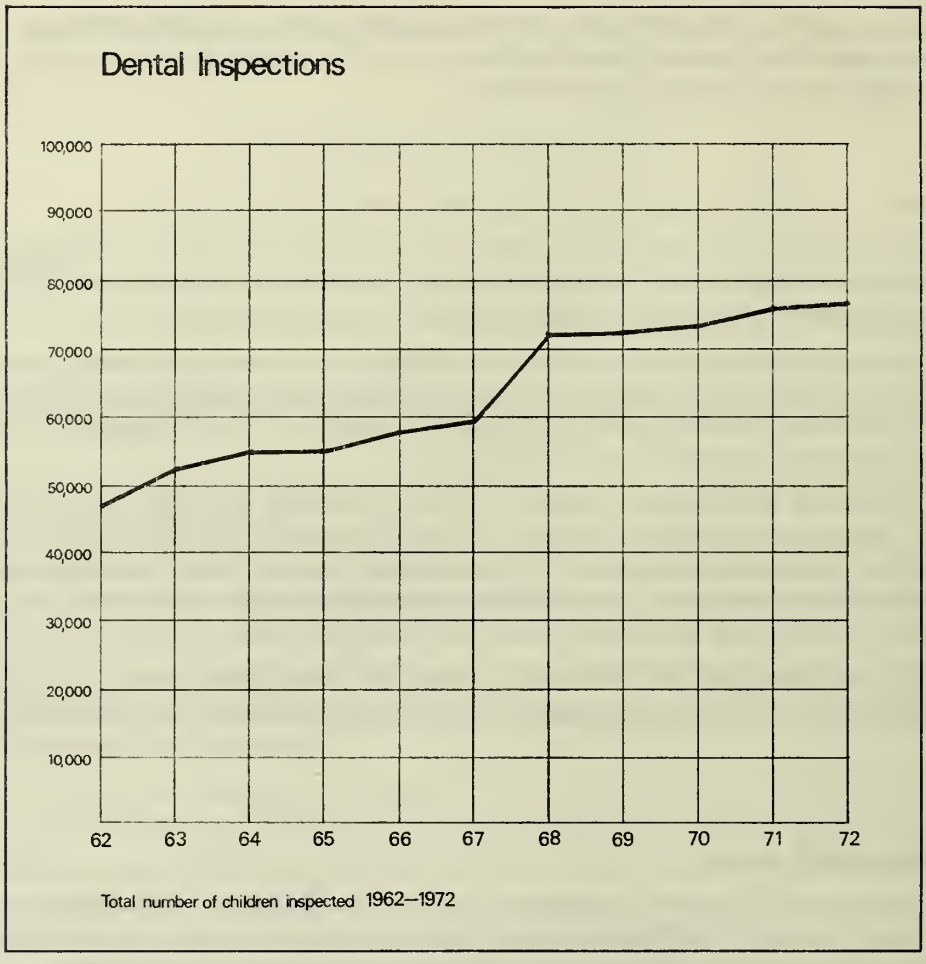
A new two-surgery dental suite was opened at Water Eaton in the autumn and provides excellent accommodation for the local authority service. It is hoped that, early in 1973, surgeries provided in this centre for use by the general dental services will be occupied and this pilot scheme, where school and general dental services will be operating side by side, will be watched with great interest.

A dental suite was also completed at the new health centre in Burnham, a place with a large school population which had not previously had a local authority clinic. Patients had previously to make a difficult journey to Slough for treatment, and it is felt that this new surgery will provide a much needed service in this part of the county.

Dental facilities have also been planned for the proposed health centres at Amersham and Langley in addition to all the Milton Keynes centres.

4. Dental treatment of handicapped children

The dental inspection and treatment of handicapped children has again received special attention during 1972. It is important that these children, some of whom are not able to receive attention from the general dental service, should be regularly inspected and assessed so that arrangements are made to cater for their special needs. The staff of the special schools where they spend much of their lives



are particularly co-operative in carrying out dental health instruction, as was described in last year's annual report, and the problems the children present can be greatly reduced by the understanding and care shown by the staff, both at the schools and when they come for treatment at the clinic.

5. Dental health education

The programme of dental health education continued during the year. Dental surgery assistants, who had received some training from the dental officers and health education staff, carried out an intensive campaign covering most of the schools in the South Bucks area. This was followed up by a very successful poster competition in the secondary schools and the winning entry is shown in a photograph at the beginning of this report. In the Aylesbury and Chesham areas similar coverage of the schools was accomplished, using dental ancillary staff as well as surgery assistants, and in the North Bucks area talks were given to other groups, including ante-natal classes, mothers' clubs and playgroups.

Dental staff gave talks to about 22,000 schoolchildren during the year in addition to the dental health education provided by health education staff, health visitors and others.

Children, as well as parents and teachers, are more aware of the importance of dental care than was the case in previous years. The benefits of water fluoridation, dietary control and correct tooth-cleaning methods are now widely appreciated and it is hoped that the considerable effort made in the

field of dental health education will achieve its objective of ensuring that children leave school with a good dentition, and the knowledge and intent to care for their teeth.

6. Surveys

Mention was made last year of the Eastman Dental Institute's survey of the prevalence of dental anomalies. Work continued on the analysis of the results of this survey which involved a large group of children in South Bucks and it is expected that some interesting facts will emerge when the full results are published. The usual survey of children in the Slough area who, until recent years, have had the benefit of a fluoridated water supply was continued. The teeth of the eleven-year old children is still better than those in other parts of the county, but it was depressing to find that the condition of the younger pre-school children, born after the fluoride content in the water was reduced to a level which no longer provided adequate protection against tooth decay, gave cause for concern. Mr. Rippon, the Area Dental Officer for South Bucks, reports "Considerably more three year old children were brought to the Slough clinic than in any previous year because they had pain in their bad baby teeth." It is hoped that the optimum fluoride content of the water supply will soon be restored to a level sufficient to provide protection against decay so that the teeth of the children in Slough can be looked upon with admiration as has been the case in past years.

7. Conferences, courses, etc.

The annual one-day course for dental officers was again held at Missenden Abbey in June, and lecturers from the London teaching hospitals and from the Department of Education and Science provided a most interesting programme.

Dental officers attended courses in children's dentistry at the Eastman Dental Institute and the London Hospital and the Chief and other dental officers attended the annual conference of the British Dental Association.

The Chief Dental Officer, in his capacity as president of the dental group of the Society of Medical Officers of Health, took the chair at a refresher course at Oxford on "The Dental Team".

A group of fifty dental students and their tutors from the Royal Dental Hospital, London, spent two days in the county attending a course on dental public health. They visited places of interest in the Chesham, Amersham and Wycombe areas, including clinics, children's homes, welfare centres and schools where dental health projects were in progress. It was felt that this was a most valuable contact with the senior students and it is hoped that some may join the dental staff of the county on qualification.

Lectures were given and papers read by the Chief Dental Officer and the area dental officers to a number of professional and lay groups, and much consideration and discussion of the implications of the reorganisation of the health services in 1974 took place on these occasions.

8. Staffing

Mrs. Turner, a dental officer in the South Bucks area, successfully completed her course and obtained the Diploma of Dental Public Health during the year. There were a number of changes in both full-time and part-time staff and this has made continuity of treatment a problem. The difficulty of recruitment of dental officers remains the major factor in preventing further expansion of the service and there are still some vacancies on the establishment. This is a problem common to many local

authorities but it is hoped that, with the advent of an integrated service giving perhaps a greater opportunity to practise varied types of dentistry, more dental surgeons and ancillary staff will be recruited for the priority dental services for children.

9. Statistics

As illustrated by the graph on page 120 a greater number of children received dental inspections than in any previous year. In addition more treatment of a complex nature, such as the provision of inlays and crowns, was carried out and the number of dentures made for schoolchildren showed a slight increase over the previous year. New forms of prophylactic and preventive treatment were also introduced.

More orthodontic treatments were commenced and the number of orthodontic appliances fitted was considerably more than in any previous year as the graph on page 124 shows. The percentage of the school population inspected, and the ratio of permanent teeth filled to permanent teeth extracted, continued to be higher than the national average, showing the emphasis on the conservation of teeth in this county.

INSPECTIONS

	Inspected	*Number of pupils Requiring treatment*	*Offered treatment*
First inspection—school	65,616	31,669	23,296
First inspection—clinic	5,914		
Re-inspection—school or clinic	4,763	3,847	3,847
Total	76,293	35,516	27,143

VISITS FOR TREATMENT

	Age 5-9	10-14	15 *and over*	*Total*
First visit in the year	5,493	4,735	1,127	11,355
Subsequent visits	9,781	11,318	2,826	23,925
Total	15,274	16,053	3,953	35,280

COURSES OF TREATMENT

Additional courses commenced	1,688	1,425	321	3,434
Total courses commenced	7,181	6,160	1,448	14,789
Courses completed	—	—	—	13,104

TREATMENT

Fillings in permanent teeth	5,882	13,771	4,513	24,166
Fillings in deciduous teeth	9,688	1,010	—	10,698
Permanent teeth filled	4,555	11,373	3,852	19,780
Deciduous teeth filled	8,349	915	—	9,264

	Age 5-9	10-14	15 and over	Total
Permanent teeth extracted	330	2,067	406	2,803
Deciduous teeth extracted	5,256	2,089	—	7,345
General anaesthetics	967	545	44	1,556
Emergencies	595	487	99	1,181
Number of pupils X-rayed				1,499
Prophylaxis				4,261
Teeth otherwise conserved				3,097
Teeth root filled				52
Inlays				6
Crowns				62
Topical Fluoride Treatments (No. of patients treated)				81

ORTHODONTICS

Number of attendances	4,184
Cases commenced	642
Cases brought forward from previous year	2,285
Cases completed	403
Cases discontinued	20
Number of pupils treated by means of appliances	354
Number of removable appliances fitted	748
Cases referred to hospital orthodontists	51

(These figures include all orthodontic treatment carried out by the County Orthodontist and dental officers)

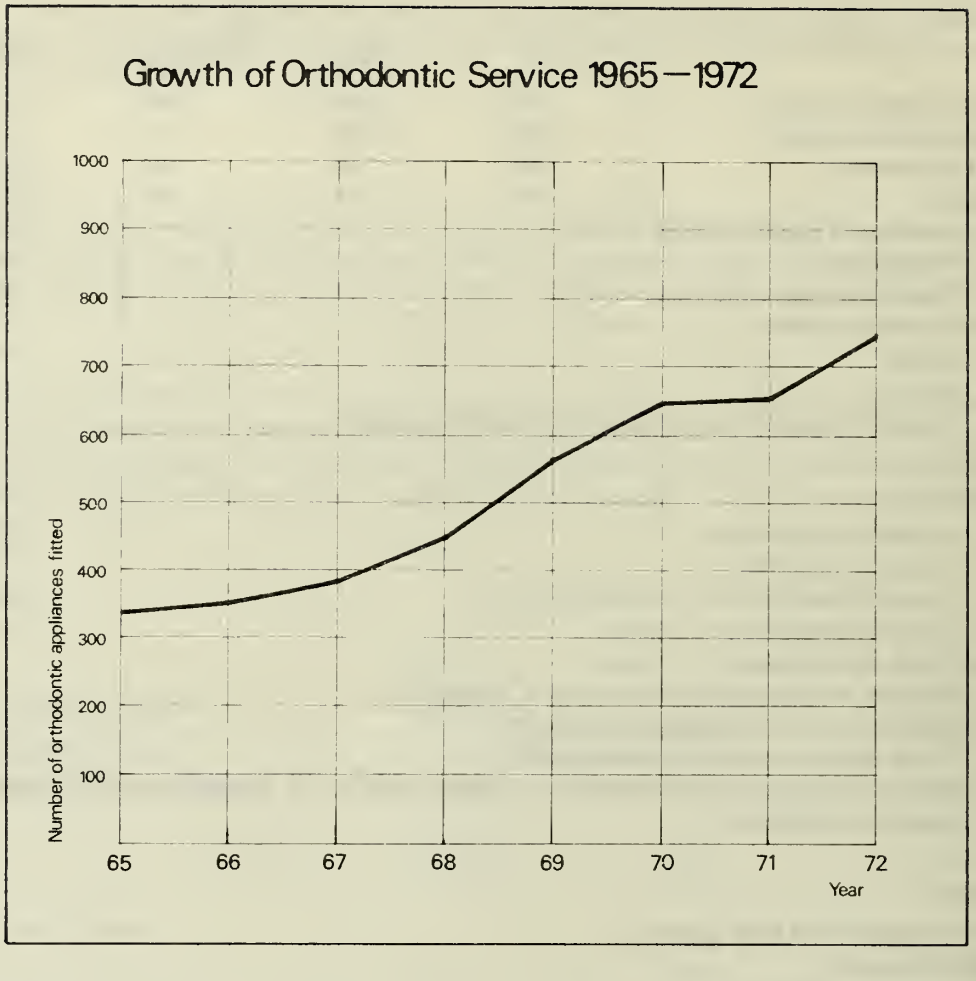
DENTURES

Number of pupils fitted with dentures for the first time:				
(a) with full denture	—	—	—	—
(b) with other dentures ..	6	19	20	45
Number of dentures supplied (first or subsequent time) ..	6	20	20	46

SESSIONS

Number of clinical sessions worked in the year

	School service			*Maternal & child health service*			
	Administrative sessions	*Inspection at school*	*Treatment*	*Dental health education*	*Treatment*	*Dental health education*	*Total sessions*
Dental officers	475	575	5,138	20	257	5	6,470
Dental auxiliaries	—	—	464	44	54	2	564
Dental hygienists	—	—	—	130	—	14	144
Total	475	575	5,602	194	311	21	7,178



10. Conclusion

Dental inspections reveal that though the prevalence of caries is still a major problem among schoolchildren, their teeth on the whole are good. More children than ever before have been inspected and more are seeking treatment from the general dental service and the local authority service. Developments in the field of preventive dentistry hold promise of a new approach to the problems of dental caries and paradontal disease, and the expansion of the programme of dental health education has led to a greater interest in maintaining a healthy mouth.

It is appropriate here to express appreciation of the co-operation received from the Chief Education Officer, the head teachers, school secretaries and matrons, and all those members of the staff of the Education Department who helped in planning and carrying out the arrangements for the inspection and treatment of children in the county's schools. Thanks are also due to the specialist anaesthetists and medical staff of the county for their help and co-operation during the year.

11. Orthodontics

Miss A. Blandford, County Orthodontist, has submitted the following report on her work during 1972:—

"The number of children referred by school dental officers for orthodontic treatment during the year totalled 545. In addition 2,285 children whose treatment commenced prior to 1972

continued to receive treatment. Appliances were fitted for 605 children, of which 307 were for new patients, the remainder being second or third appliances for children whose treatment was more advanced. Treatment was completed in 341 cases.

As previously, children were referred to Stoke Mandeville and Wexham Park Hospitals for further X-ray examination or surgical treatment, 49 being referred during the year. It is now fifteen years since the inception of an orthodontic service in this county and the number of children receiving treatment annually has more than doubled during that period. This increasing demand for treatment is not only due to a rise in the school population but also to an increasing number of parents and children becoming more dentally conscious, especially from the point of view of improving the child's appearance, one of the prime reasons for orthodontic treatment. Since 1958 more than 7,000 orthodontic appliances have been fitted.

The system operating in this county whereby the orthodontist visits each school clinic over the whole area works very satisfactorily. Orthodontic treatment is of long duration, rarely lasting less than eighteen months, and it is much to the child's advantage to receive that treatment close at hand causing as little disruption to school life as possible. The clinics are accessible to most children in the county, and even in the rural areas where transport is infrequent it is possible to arrange visits to fit in with the "once a week 'bus", thus making treatment available to all children who need it.

Confining orthodontic treatment to one or two central clinics within the county would deny such treatment to large numbers of children who would be unable to reach these centres. It is important, therefore, that any future planning for the orthodontic service takes this factor into consideration."

OTHER MATTERS

1. School meals

The County School Meals and Catering Adviser submits the following report:—

"*Census for Autumn* 1972

(a) MEALS	*For a day in September* 1972	*For a day in September* 1971
Pupils present	103,106	99,518
Taking school dinners	66,090 (64.7%)	64,570 (64.9%)
Meals provided free	4,072 (3.9%)	4,143 (4.2%)

(b) MILK	*Present*	*Taking milk*
Infant (including Nursery and Special)	24,844	23,654
Junior (including Special)	6,520	1,132
Secondary Special	528	464

Every school in the County is catered for by either a kitchen or a dining centre, with the exception of Moulsoe County Primary which has no requirement. There are 344 school kitchens and 69 additional dining centres in Buckinghamshire.

With the rise in the retail cost of food many more children are having a school meal each day, as the value for money element is greater, and there are fewer children bringing sandwiches.

There are some difficulties in staffing in certain relatively small areas, but generally the staff position over the County has improved.

The Aylesbury School Meals Service Training Unit has now become fully operational and plans for another Training Unit in the County are going ahead."

2. Milk in schools

Mr. G. L. Davis, the Chief Inspector, reporting on the milk-in-schools scheme, states:—

"Supplies of milk to schools under the milk-in-schools scheme continue to be supervised as in previous years. All sources of supply are approved by the Principal School Medical Officer, and are tested for quality, cleanliness, adequate heat treatment and disease infection where necessary.

Pasteurised milk is now supplied to all schools. 102 samples have been checked both for efficient pasteurisation and for quality, and all were satisfactory.

There were two complaints during the year. One concerned a churn of milk which was contaminated with pupae of the fruit fly. Normal dairy churn cleansing methods will not always

remove such contamination and it is not easily detected. The pupae eventually soak off in the milk and float to the surface. The second concerned oil beneath the cap on a bottle of milk. This had been caused by a malfunction of the capping machinery. In each case the dairy company was cautioned."

3. School swimming pools

The popularity of school swimming pools both for pleasure and the value of this form of exercise can be gauged from the fact that in 1960 there were three school swimming pools operating in the County, whilst today there are 97. Throughout this period of growth the County Health Inspector has played an important part both in advice regarding equipment and routine methods of obtaining good pool hygiene, and taking regular bacteriological samples for examination.

Control over school swimming pools is provided by regular and up-to-date guidance concerning equipment and maintenance, routine testing three times each day by the school staff for the residual chlorine content of pool water, and supervision by visits from either the County Health Inspector, or district public health inspectors. During these visits samples of the pool water are taken for bacteriological examination at a public health laboratory.

MEDICAL INSPECTION AND TREATMENT

TABLE I

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No	No				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	979	975	4	—	23	101	113
1967	6865	6852	13	—	103	460	544
1966	3375	3363	12	—	77	387	450
1965	446	441	5	—	23	127	149
1964	259	257	2	—	12	57	69
1963	169	165	4	3	15	44	58
1962	987	985	2	1288	62	94	151
1961	1653	1652	1	1580	78	115	190
1960	451	447	4	762	31	46	76
1959	92	90	2	6	5	23	28
1958	362	362	—	792	19	39	57
1957 and earlier	1241	1239	2	1248	45	79	123
TOTAL	16879	16828	51	5679	493	1572	2008

TABLE II

OTHER INSPECTIONS

Number of special Inspections	1,591
Number of Re-inspections	8,479
TOTAL ..	10,070

TABLE III

INFESTATION

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	76,661
(b)	Total number of individual pupils found to be infested	727
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	14
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 56 OF THE EDUCATION ACT, 1944 OR BOARDING IN BOARDING HOMES

As at 25th January, 1973	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Hearing (4)	Physically Handicapped (5)	Delicate (6)	Maladjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
No. awaiting placement	6	4	1	1	10	6	49	336	—	—	413
No. attending special schools, etc. Day	—	7	6	44	65	—	24	1,188	—	6	1,340
Boarding	9	4	21	12	41	20	171	320	9	2	609
No. being educated in hospitals	—	—	—	—	—	—	—	—	—	—	—
No. being educated at home	—	2	—	—	23	—	6	—	—	—	31
TOTAL	15	17	28	57	139	26	250	1,844	9	8	2,393
No. newly assessed during 1972	2	4	3	18	31	19	82	299	6	6	470

TABLE V

SCHOOL CLINICS

as at December, 1972

	Sessions
Child Guidance:	
Whalley Drive Clinic, Bletchley	4 sessions per week
Walton House, Walton Street, Aylesbury	4 ,, ,, ,,
The Grange, Amersham Hill, High Wycombe	9 ,, ,, ,,
School Clinic, Germain Street, Chesham	4 ,, ,, ,,
Health Clinic, Burlington Road, Slough	10 ,, ,, ,,
Dental:	
Health Centre, Fern Grove, Water Eaton	6 sessions per week
Verney Close Clinic, Buckingham	4 ,, ,, ,,
School Clinic, 122 Church Street, Wolverton	3 ,, ,, ,,
Whalley Drive Clinic, Bletchley	22 ,, ,, ,,
Quarrendon Clinic, Lay Road, Aylesbury	4 ,, ,, ,,
Pebble Lane, Aylesbury	12 ,, ,, ,,
Municipal Health Clinic, Abbey Way, High Wycombe	24 ,, ,, ,,
Health Clinic, Victoria Road, Marlow	4 ,, ,, ,,
School Clinic, Germain Street, Chesham	12 ,, ,, ,,
Ambulance Station, Chiltern Avenue, Amersham	8 ,, ,, ,,
Health Clinic, Burlington Road, Slough	28 ,, ,, ,,
Wexham Court Clinic, Knolton Way, Slough	6 ,, ,, ,,
Health Clinic, Parlaunt Park, Langley, Slough	6 ,, ,, ,,
Health Clinic, Wentworth Avenue, Britwell Estate, Slough	4 ,, ,, ,,
Ophthalmic:	
Health Clinic, Burlington Road, Slough	2 ,, ,, ,,
Speech Therapy:	
Whalley Drive Clinic, Bletchley	1 sessions per week
Health Centre, 122 Church Street, Wolverton	2 ,, ,, ,,
Lovat Bank, Silver Street, Newport Pagnell	1 ,, ,, ,,
Health Centre, Avenue Road, Winslow	2 ,, ,, ,,
Flat 1, Verney Close, Buckingham	2 ,, ,, ,,
Health Centre, Fern Grove, Water Eaton	3 ,, ,, ,,
224 Queensway, Bletchley	2 ,, ,, ,,
Health Centre, Jansel Square, Aylesbury	1 ,, ,, ,,
Quarrendon Clinic, Lay Road, Aylesbury	3 ,, ,, ,,
Walton House, Walton Street, Aylesbury	2 ,, ,, ,,
Tindal Hospital, Aylesbury	1 ,, ,, ,,
Memorial Hall, Wharf Road, Wendover	2 ,, ,, ,,
Health Centre, Haddenham	2 ,, ,, ,,
Village Hall, Wing	2 ,, ,, ,,
The Grange, Amersham Hill, High Wycombe	10 ,, ,, ,,
Health Clinic, Victoria Road, Marlow	1 ,, ,, ,,
Youth Centre, Maxwell Road, Beaconsfield	1 ,, ,, ,,
19 Chesham Road, Amersham	10 ,, ,, ,,
Teachers Centre, White Hill, Chesham	3 ,, ,, ,,
Castlefield Health Clinic, High Wycombe	2 ,, ,, ,,
Health Clinic, Britwell Estate, Slough	1 ,, ,, ,,
Health Clinic, Burlington Road, Slough	5 ,, ,, ,,
Health Clinic, Parlaunt Park, Langley, Slough	3 ,, ,, ,,
Health Clinic, Wexham Court Estate, Slough	1 ,, ,, ,,
Vaccination and Immunisation:	
Municipal Health Clinic, High Wycombe	1 session per week
Enuresis:	
53 High Street, Amersham	1 session per month
Chiropody:	
Pebble Lane Clinic, Aylesbury	1 session per week

APPENDIX A

PRELUDE TO INTEGRATION: A PILOT STUDY ON BUILDING LINKS FOR 1974

This study shows that opening an exchange of knowledge between existing staffs of the different branches of the Health Service is of paramount importance to the integration of the service in 1974. It places particular emphasis upon the need for administrative teams to establish effective new lines of communication and sets out a programme for planning the necessary secondment and interchange of staffs. To suit differing needs, the arrangements should be at two levels and programmes should be monitored.

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The proposals for the reorganisation of the National Health Service in 1974 have given rise to much speculation and not a little apprehension among the staffs in the three sections of the Service. Our chief officers felt that one of the best ways of trying to allay at least some of these fears would be for them to meet together informally over lunch, share their thoughts and in particular discuss means of strengthening their communications. Whilst the absence of more positive information might constrain their deliberations they felt a useful base could be prepared from which to start more formal meetings when these were proposed.

Informal exchanges

At their first meeting it was felt that one positive step which could be taken without delay was to look into the possibility of an informal exchange of staff among the four authorities concerned. The arrangement would be on a purely voluntary basis and for only short periods, in order to avoid undue difficulties in arranging cover for the work of those who would be away on attachments. The periods in mind ranged from two or three days to two weeks, according to the places to be visited. They believed that critics of the idea might say that nothing less than attachments of several weeks or even months would be of any value and minimal periods would be so much waste of time. But the essence of this project would be simplicity and the avoidance of difficulties in obtaining the more formal agreements and approvals inherent in long periods of detachment from key posts.

A pilot study

Each chief officer submitted a rough estimate of the number and grades of staff who might be invited to participate. These ranged from 6 to 16 according to the size of the authority. On closer

consideration it was decided that in the first instance a pilot study should be made by designating one senior officer from each authority to agree a programme which would be carried out over about one month and in which the four senior officers would themselves participate.

The chief officers obtained the unanimous approval of their authorities to proceed on these lines and the staff gave their enthusiastic support.

The following report is the result of the pilot study just concluded. We hope that it will be of interest and, perhaps, some help to others who may be contemplating similar arrangements:—

"Having been deputed to undertake a pilot scheme of secondment with a view to a full exchange of staff from the three branches of the service, it was necessary to draw up an outline plan of how best this might be undertaken.

It was fully realised that the main purpose of the exercise was to evaluate the usefulness of such interchanges in relation to all of those who might follow from whichever branch of the service.

At first it had to be established how far our terms of reference would permit a full and frank appreciation of each other's organisations in the time available. Second, we had to determine optimum periods of secondment and to consider the feasibility of extending secondments to other members of staff. Third, we had also to consider levels of secondment and the advantages to be gained by this deliberate policy of increasing contact and communication at all officer levels before April 1974. Finally, a decision had to be made as to what form our reports should take and the extent to which we might be required to act as a Steering Committee to oversee the running and organisation of future secondments if these were considered to be justified.

Consultation at the top

As the chief officers had given us a relatively free hand to draw up our own individual programmes it was considered that, to obtain the maximum benefit, such programmes could better be prepared in consultation with administrators and heads of services in our various departments, giving us the opportunity personally to 'sell' the idea behind the interchange. It was important that our secondments should be arranged to give a reasonable insight into the organisation and functions of the various parts of the national health services, so as to build up an overall picture, but that we should not be engaged on a fact finding tour, or be concerned in details of procedures.

On the length of time for our proposed secondments, it was decided after a good deal of deliberation that a week in the county health department of the local authority, three days in each hospital management committee and two days in the executive council service during May and June 1972 might be about right. But since we also had actively to participate in the arrangements for the incoming secondments by co-ordinating the programmes and effecting introductions, the overall effect combined to produce a total involvement of about two weeks for each of us.

From the outset, the team achieved an excellent working relationship which we felt augured well for the future but it was agreed that our post-secondment reports to the chief officers should be presented independently and should contain whatever recommendations we, as individuals, wished to make.

It was appreciated from the beginning that the pilot scheme would need to be treated as a matter of urgency in view of the time factor and the numbers of staff from the three services who would be involved. It was also realised that the success of the scheme would depend largely on the co-operation of the whole range of senior staff employed in the hospital, local authority and executive council services concerned.

Our fears that this might prove difficult to achieve were groundless, however, as the scheme undoubtedly roused a tremendous amount of interest and received the full support of the many members of staff concerned.

At the first meeting of the panel, programmes were arranged which enabled the representatives from the local authority and executive council to pay visits jointly to the hospital groups. Similarly, joint visits were also arranged for the representatives coming to the county council and executive council from the hospital services. It was considered that this arrangement of visits would encourage and stimulate discussions and an interchange of information.

Planning the programme

Detailed programmes for the secondments were exchanged in advance and were accompanied by brief general notes on the services provided by each authority together with any other relevant information which might be considered useful. Every effort was made to ensure that each day's programme was evenly balanced, with a mixture of sessions taking in both the administration areas of the organisations and visits to selected units and services. Each day's visit usually terminated with a short general discussion about the services seen and allowed for a full and free exchange of views.

The programmes arranged by the two hospital management committees concerned covered the various group and hospitals' administrative and clinical services together with many points of special interest. These included visits to the accident and emergency units, the pathology service and a psychiatric hospital. There were meetings with the chairman of a medical advisory committee, the chairman of a Cogwheel division and a voluntary services organiser. The county council's programme covered the management structure of the local health authority and the whole range of services provided, as well as visits to selected units such as health centres, occupational therapy centres, ambulance headquarters and an area health office.

GP links

The visits to the executive council covered all aspects of the administration of the general practitioner, the general dental, ophthalmic, and pharmaceutical services. The statutory administrative and financial arrangements concerning these services were explained in detail together with procedures for dealing with complaints and the registration of patients with GPs in Buckinghamshire. Detailed discussions were held with all senior staff and heads of departments. Special arrangements were made for the representatives from the hospital service and the executive council to attend at a full meeting of the county health committee and for similar visits to be made to the executive council and a hospital management committee meeting.

Although originally some doubts had been expressed as to whether visits by the county council and executive council representatives to both hospital groups in the area would be really necessary, it soon became clear that it was essential and that provision for this should be made in future programmes. The methods of administration differed widely in some fields and the subsequent comparisons between methods applied in hospitals and group offices would be beneficial to staff on interchange. The experience of 'looking in' on a group in the process of implementing a Cogwheel medical administrative structure as against one where the medical staff had not yet been 'converted' to adopting the Cogwheel organisation, was a particularly good example. All of the programmes prepared by the three services were of necessity extremely full but it was possible

to cover a great deal of ground in reasonable time at one large hospital by arranging a seminar of a group of para-medical staff from different disciplines to discuss their respective roles. This was most informative and undoubtedly saved a considerable amount of time and a number of journeys to individual units and departments in the hospital which were otherwise separated geographically by quite large distances.

The hospitals and executive council representatives found their visits to the local health authority of especial interest particularly in certain fields. These included the ambulance service and health education and the use of computerised systems in the child health services.

On their visits to the executive council the officers of the local health authority and hospitals gained a new insight into medical manpower planning and the obligations of the various professions under their terms of service.

One difficulty was meeting too many people of the same disciplines or interest in a particular session. This inevitably resulted in a time overlap in a tight schedule and it was unanimously agreed that for future programmes, wherever possible, one senior member of staff alone should endeavour to cover and explain the work of a particular department or service.

Conclusions

It has become quite clear from the study that an exchange of knowledge between existing staff in the different branches of the health services is now of paramount importance to the integration of the service in 1974. It can only be to the advantage of the new service for members of all staffs and disciplines to learn and hear about the work of their colleagues at present on the 'other side of the fence'. Certainly in some professions this has commenced already with schemes and policies of joint appointments etc., but so far as administrative teams are concerned, very little effort has been directed towards this end. The administrative staff undoubtedly have much to gain from the establishment of new links and lines of communications between officers of different disciplines and at all levels.

Following our visits we undertook a detailed analysis of the pilot scheme in which the experiences and information gained is now being used effectively to plan secondments for all the 50 or so staff who will be involved, the chief officers having agreed that the four senior officers should proceed with the detailed preparation for the interchange.

The members of the pilot study are in agreement that future secondments should be organised on the following lines:—

1. The duration of visits to each authority should be as follows:—

County health department—5 days; Hospital management committees—8 days (4 days each); Executive council—2 days.

2. Programmes should be arranged at two levels for: (a) senior officers; (b) middle grade officers who might in certain cases prefer to spend more of their visiting time with staff who have a specialty work interest similar to their own, e.g. finance or supplies.

3. Each programme should be planned to allow for 4-6 people, consisting of at least one officer from each authority.

4. Programmes should avoid duplication of visits to certain units or services in each hospital group where the work and functions are basically the same. This will enable a little more flexibility to be introduced into the programmes as regards timing and also achieve a more comprehensive programme.

5. The secondment for senior officers should commence in October 1972 with the second phase for the secondment of middle grade officers commencing in the Spring 1973.

6. The arrangements for the attachment of officers for short periods of training from one branch of the service to the others, should be ongoing until the proposals for an integrated health service are fully implemented.

7. The scheme should be monitored and assessed at regular intervals with progress reports being submitted to the chief officers."

We thank our chief officers—Mr. R. W. F. Lowe, Clerk of the Executive Council for Buckinghamshire; Dr. J. J. A. Reid, County Medical Officer, Buckinghamshire County Council; Mr. K. H. Robbins, Group Secretary, Royal Buckinghamshire and St. John's Hospital Management Committee; and Mr. K. G. Walker, Group Secretary, High Wycombe and District Hospital Management Committee, for their encouragement and assistance. We thank also those colleagues in our respective services who contributed so greatly to the success of the scheme.

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